

EXHIBIT D

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

BENAH DAM HURT,)	
Plaintiff,)	
)	
-vs-)	No. 17-CV-7909
)	
HASINA JAVED, FAIZA KAREEMI,)	
COLLEEN DELANEY, DIANA HOGAN &)	
DREW BECK)	
Defendants.)	
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)	
MARK OWENS,)	
Plaintiff,)	
-vs-)	No. 18-CV-0334
)	
HASINA JAVED)	
Defendant.)	

The deposition of DAMONE ANDREW BECK,
taken pursuant to the Federal Rules of Civil
Procedure of the United States District Courts
pertaining to the taking of depositions, taken
before LYN DOERING, Certified Shorthand Reporter
of the State of Illinois, taken remotely via Zoom
in Illinois, on Tuesday, June 14, 2022, at the
approximate hour of 11:08 o'clock a.m.

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10 on behalf of Defendant Drew Beck in
11 Case No. 17-cv-7909;

12 ALSO PRESENT:

13 MR. RORY CANNON, Illinois Department of
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15 MR. SEAN GUNDERSON, Kretchmar & Cecala

16 REPORTED BY LYN DOERING, CSR.
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1 (Whereupon said witness
2 was duly sworn).

3 COURT REPORTER: Will the attorneys
4 please identify yourselves for the record and
5 state your agreement to the taking of this
6 deposition and the swearing in of the witness via
7 Zoom?

8 MR. KRETCHMAR: Yes, Randolph
9 Kretchmar, for the Plaintiffs, I agree.

10 MR. CECALA: Joseph Cecala, also
11 for the Plaintiffs, I agree as well.

12 MS. KOZAR: Amanda Kozar, on behalf
13 of Drew Beck, I agree.

14 MS. JOHNSTON: Mary Johnston, on
15 behalf of Defendants Kareemi, Javed, Delaney and
16 Hogan in the Hurt case, and Defendant Javed and
17 Owens, I agree.

18 I don't think you need the agreements of
19 the other two. They are not representing anybody,
20 Rory Cannon and Sean Gunderson.

21 Mr. Gunderson is our Paralegal.

22 And Rory Cannon is Counsel for the
23 Department.

24 Are we ready, set?

1 MS. KOZAR: Yes.

2 MR. KRETCHMAR: Okay. I will start
3 then.

4 Mr. Beck, I don't know if you have ever
5 been in a deposition before, yes or no?

6 THE WITNESS: I was part of
7 something at the Department of Corrections a long
8 time ago but it was more just for information.

9 MR. KRETCHMAR: Fair enough. Some
10 simple rules, just housekeeping really.

11 Don't talk over anybody. If a question
12 isn't fully voiced, wait until it is. If somebody
13 objects, wait until that's out of the way.

14 The reason is that the court reporter
15 can't necessarily write down everything that
16 everybody says when they are talking at the same
17 time, so we want to have a good record.

18 And if anybody asks a question, either
19 Joe or I, and you don't understand the question,
20 ask for clarification. We will be happy to do
21 that.

22 If you want to break say so. You know,
23 probably finish getting an answer to a question,
24 if one is in process. That's the only -- If you

1 need a break, ask for a break.

2 Please state and spell your name for the
3 record.

4 THE WITNESS: My full name is
5 Damone, D-A-M-O-N-E, middle name is Andrew,
6 A-N-D-R-E-W, last name is Beck, B-E-C-K, but I go
7 with my middle name, Andrew.

8 MR. KRETCHMAR: Thank you.

9 DAMONE ANDREW BECK,
10 called as a witness herein, having been first duly
11 sworn, was examined and testified as follows:

12 EXAMINATION

13 BY MR. KRETCHMAR:

14 Q Again, essentially a housekeeping
15 question here:

16 Are you taking any medications that
17 would make it difficult for you to remember
18 answers or answer questions honestly?

19 **A No, not that I am aware.**

20 Q Fair enough.

21 Are you aware of and at least initially
22 somewhat familiar with this lawsuit in which you
23 are a defendant?

24 **A Yes.**

1 Q Good.

2 Do you understand the allegations
3 against you and against the other defendants?

4 A Yes, I believe so.

5 Q Thank you.

6 Would you please summarize your
7 education and your professional qualifications as
8 a social worker and in a state forensic
9 psychiatric hospital?

10 A Yes.

11 I earned my Master's Degree in Social
12 Work in Aurora University, and that was in 1991, I
13 believe.

14 Became a Licensed Clinical Social Worker
15 in 1993 -- Pardon me, I am not sure of those
16 dates.

17 Can I look at something really quick
18 just for those dates?

19 Q Okay. Sure. As long as we know
20 what it is.

21 MR. CECALA: Yeah, that's another
22 housekeeping, if you are referring to a document
23 or something, if you wouldn't mind just letting us
24 know what the document is.

1 THE WITNESS: Just my resume.

2 I graduated with a Master's Degree in
3 1993.

4 Got my license in 1996 as a social
5 worker, licensed clinical social worker.

6 I am also a Certified Drug and Alcohol
7 Counselor since 2002.

8 Human Services Board Certified
9 Practitioner since 2010.

10 Also QUID, Qualified Intellectual
11 Disabilities Professional, for the last three
12 years.

13 MR. CECALA: One other thing,
14 Amanda, if he is referring to documents I don't
15 recall seeing a resume. Could we just make sure
16 that when the deposition is completed if there is
17 something that didn't get delivered in discovery
18 that you can send those documents to us?

19 MS. KOZAR: Yeah, I will send it to
20 you afterward.

21 MR. CECALA: Awesome, thank you.

22 MS. KOZAR: Uh huh.

23 BY MR. KRETCHMAR:

24 Q Mr. Beck, can you tell us when you

1 started as an employee at Elgin Mental Health
2 Center and essentially the sequence of jobs or
3 positions that you held until today, best as you
4 can recall, best -- the dates?

5 A I started in 1994 at Elgin Mental
6 Health Center as a Social Worker 1 and I worked
7 four years in court service in the forensic
8 department.

9 After that I transferred to the
10 Department of Corrections Juvenile Division,
11 Valley View, which is in St. Charles, and I was a
12 case work supervisor there. I supervised the
13 substance abuse program for the sex offender
14 programs there.

15 During the time I was initially at the
16 Elgin I was also doing sex offender treatment
17 part-time at DOC.

18 After four years at DOC the prison was
19 closed. That was in 2002, if I remember
20 correctly.

21 I worked for McHenry County Family
22 Services as a substance abuse counselor for about
23 a year and a half.

24 In 2004 I returned back to Elgin and

1 worked in the civil hospital, CPS. I believe I
2 was there for about three years.

3 I transferred in then to the forensic
4 building as a Social Worker 2. I covered cases on
5 Hartman Unit and H unit, two units.

6 Then I think in 2008 I transferred to
7 the K Unit for the MISA program and I have been
8 here as a Social Worker 2 on the MISA program
9 since 2008. MISA is mental illness substance
10 abuse.

11 Q Your time on Hartman and H Unit was
12 that, you said, between 2004 and 2008?

13 A I believe so, yes.

14 Q Okay. What were or what are your
15 responsibilities as a social worker?

16 A Primary responsibilities, I have a
17 caseload that I am directly responsible for. It's
18 anywhere between 8 to 12 patients on a unit.

19 That responsibility primarily is for me
20 to provide continuing care planning and that
21 involves doing social assessments, doing intake
22 assessments, coordinating information as well as
23 discharge planning with families, with the
24 patients, completing court reports, completing

1 treatment plans, providing individual group
2 counseling to patients on the unit.

3 Q Now, who do you report to?

4 A I report directly to the Social
5 Worker 3. Currently that is Rachel Nelson.

6 Q And who reports to you?

7 A Nobody.

8 Q Are you effectively -- In the
9 context of the clinical unit, are you also an
10 administrator or do you have some responsibilities
11 that are administrative on the unit?

12 A No, I do not.

13 Q Okay. So your only
14 responsibilities really are as a social worker, as
15 a clinician?

16 A That's correct.

17 I do provide some trainings for the
18 facility but that's not as administrator. That's
19 just helping them out with trainings, mostly
20 social work trainings.

21 Q Okay. Were you asked at one time
22 to be or were you considered for the position of
23 forensic program director at Elgin when Jeff
24 Harris retired?

1 A There were some inquiries to it,
2 but no, I did not take that position.

3 Q That was around 2016, end of 2016;
4 right?

5 A I think Jeff asked if I wanted it,
6 and I said I was not interested.

7 Not that he could make it for me but he
8 would want me to apply.

9 Q Why were you not interested in a
10 higher position?

11 A I really like working the therapy
12 aspect and I would rather work with patients than
13 staff sometimes. I enjoy the connection, the
14 therapy process of helping people move from a very
15 dysfunctional situation to return back in the
16 community.

17 Q In a particular case of any
18 particular patient are you ultimately in charge of
19 organizing the treatment plan?

20 A Treatment plan is a combination
21 of -- The doctor is in charge of the treatment
22 plan.

23 I am in charge of typing it up, so I am
24 more of a clerical. I have to make sure that the

1 medications are on there, the diagnosis is
2 correct, the nursing problems that are being
3 covered are taking place, are correct.

4 So I am responsible for getting it
5 complete and maintaining it and putting it in the
6 chart.

7 Q Yeah, what you describe as clerical
8 responsibilities I was kind of thinking of as
9 coming under administrative responsibilities on
10 the unit but maybe I didn't think of that. Let me
11 just ask.

12 Are these clerical responsibilities
13 limited to individual patient records?

14 A I believe so, yes.

15 I have some patients that are not on my
16 caseload that I do group therapy with and I
17 document for that as well and I provide that for
18 the chart.

19 Q Okay. So there is a lot of writing
20 but --

21 A Right.

22 Q -- it's always in relation to a
23 particular case?

24 A That's correct.

1 Q Okay. Now, being that you are the
2 one that types everything, the clerical person,
3 does that make your opinion about the treatment
4 plan or your input more significant or does it at
5 least give you some special access that would make
6 your opinion about a patient and the treatment
7 plan important?

8 A No, no special.

9 The doctor is the primary leader and
10 half of the documents in the treatment plan are
11 produced by other clinicians or other staff.

12 Like the nurses produce a section of it
13 that covers their medical. The doctor produces
14 sections for their mental health issues, mood
15 problems, medication issues.

16 I produce a section that is regarding
17 continued care planning. I also, because I am on
18 the substance abuse unit, I also produce a
19 document about their progress in substance abuse
20 treatment.

21 Q On occasion part of your work in an
22 individual patient case might entail explaining
23 the patient's progress or lack of progress in
24 treatment to a court or even a prosecutor; right?

1 **A Correct.**

2 Q How often do you end up testifying
3 or conferring with a prosecutor, either one?

4 **A Over the last twenty years maybe, I**
5 **don't know, five to ten times.**

6 Q Okay. Is that always in relation
7 to a request in court for passes or a conditional
8 release?

9 **A Most of them are for privilege. I**
10 **have had a couple mental health courts that I have**
11 **had to go to but most are for conditional release;**
12 **correct.**

13 Q When you say mental health, would
14 that be like for an involuntary treatment petition
15 perhaps?

16 **A Yes, involuntary treatment;**
17 **correct.**

18 Q What about for a civil commitment
19 petition?

20 **A Well, when you said involuntary**
21 **treatment that's kind of what I was talking about,**
22 **civil commitment proceeding.**

23 **The social workers have to write up that**
24 **they verified, they contacted to see if there was**

1 a guardian and also whether least restrictive
2 alternatives are there.

3 So that is part of our role when it
4 comes to the civil commitment process.

5 Q Okay. But the civil commitment
6 process and a petition for an order for
7 involuntary medication --

8 A Correct.

9 Q -- might be different; right?

10 A Correct.

11 Rarely would a social worker be involved
12 in that. That's usually the doctor. I am sure it
13 may have happened. It's never happened with me.

14 Q Fair enough.

15 How do you know, as a social worker --
16 or maybe you are not called upon to wonder -- but
17 if so, how do you know when a patient is no longer
18 mentally ill?

19 A Well, the doctor is the primary.
20 She runs -- It's a she for our case of course.

21 She is in charge of the treatment
22 progress of the patient. She will identify the
23 symptoms, she will identify the diagnosis and will
24 manage and follow the remission of symptoms to the

1 point that they are eligible for the next step of
2 privileges.

3 Q So is there any difference between
4 no longer "mentally ill" quote unquote and not
5 currently symptomatic?

6 A You kind of went out on that one.
7 Would you repeat that please?

8 Q Yes.

9 Is there any difference between a status
10 of no longer mentally ill or on the other hand a
11 status of not currently symptomatic?

12 A I am not quite sure what you are
13 asking.

14 But I do have patients where they are
15 asymptomatic, where they are not showing any
16 symptoms, versus the symptoms they showed for the
17 court when they were committed to the facility.
18 So that would be usually be gauged by the doctor.

19 They tend to be serious symptoms of
20 hallucinations, delusions, depression, mood
21 instability, those type of issues.

22 Q Okay. But suppose a patient does
23 not have any of those symptoms any more; is that
24 patient no longer mentally ill?

1 A Mental illness -- again this is a
2 little bit of a perspective of mine -- is on a
3 continuum.

4 So I see mental illness as just an
5 extreme coping, where we all day dream, but when
6 we get really stressed we might become -- we might
7 be psychotic.

8 So I don't think it's an either/or. I
9 think it's just a spectrum of coping.

10 Q Good answer. Thank you.

11 How much time do you spend with any
12 particular patient in a given month?

13 A I try to have at least two
14 individual sessions with them. I have a schedule
15 for each of my patients.

16 I also have them in my groups, so I meet
17 them in groups, and plus, I meet them throughout
18 the week on the unit, whether it be in activities
19 where they have something that comes up, whether
20 they need help with visitation. So a lot of case
21 management.

22 Q How much time do the other members
23 of the treatment team spend with a particular
24 patient?

1 A They are supposed to spend with the
2 time that they need for it.

3 I am probably am a little bit more
4 structured because I give them a specific time.

5 Other social workers will just kind of
6 meet them when they want to meet with them.

7 I tend to be a little more structured
8 with that because I need to get my patients
9 through the substance abuse program which is
10 approximately six months and they have to complete
11 certain steps to get through the program.

12 Q Yeah.

13 My question was about the other members
14 of the treatment team and the comparison of the
15 time spent, for example, psychiatrists,
16 psychologists, activity therapists, nurse.

17 A Okay. The psychologist I believe
18 has to meet with them minimally once a month. If
19 there's other issues that come up our psychiatrist
20 will also meet with them usually with the team.

21 The activity therapist meets with them
22 multiple times a day, multiple times a week. They
23 are in charge of keeping the unit activities
24 going.

1 **Psychologists, which we haven't had for**
2 **a while -- we do have one now -- she runs a couple**
3 **groups with patients.**

4 **Nurses of course on a daily basis**
5 **because they are the ones in charge of running the**
6 **MILU.**

7 **As well as the security therapy aides or**
8 **mental health technicians. We call them security**
9 **therapy aides here in forensics.**

10 Q So correct me if I am wrong but my
11 interpretation of your answer is, on an amount of
12 time spent with a patient, the social worker is
13 somewhere in the middle between a psychiatrist
14 maybe on one end and the activity therapist on the
15 other, who sees the patient multiple times a day?

16 A **Correct, correct.**

17 Q When a patient goes to court for
18 passes or for a conditional release, do different
19 members of the treatment team ever have different
20 opinions about whether the court should grant the
21 request?

22 A **Yes.**

23 Q Do they ever testify differently?

24 A **Not that I am aware of.**

1 A lot of times, if we have differences,
2 we want to figure out what the differences are,
3 and sometimes we will have what is called a second
4 opinion within the hospital, where a psychologist
5 from another unit will come and evaluate the
6 patient and give us a second opinion.

7 Q So if different members of the team
8 actually have different opinions, for example, on
9 whether a court should grant an unsupervised on
10 grounds pass, for example?

11 A Uh huh.

12 Q You are saying they -- nevertheless
13 they never testify differently; right?

14 A You know, I have not seen that.

15 I was involved in a case in Cook County
16 where the previous psychiatrist testified against
17 the current psychiatrist regarding discharge.
18 That's a rarity but it can happen.

19 Q Does it cause problems?

20 A Well, I am sure it can, if someone
21 disagrees.

22 The doctor is the ultimate decision
23 maker when it comes to the direction for the
24 treatment of the individual patient, but for the

1 most part, at least on our unit, we are -- we work
2 pretty well together.

3 Q Fair enough.

4 I want to go to a couple of exhibits.
5 Hang on just one second.

6 You recall being interviewed by the
7 Illinois State Police on September 28, 2017?

8 A Yes, I do.

9 Q At that time you told the police
10 interviewers -- During your interview you said or
11 you told the police interviewers that what Christy
12 Lenhardt did, if the allegations you have heard
13 prove true, was against every moral and value of
14 the Social Worker Creed and the ethical standards
15 of the profession.

16 Do you recall saying that?

17 A Not directly but that sounds like
18 what I would say, yes. I am sure, if they wrote
19 it down, I did say that.

20 MR. KRETCHMAR: Yeah, I can show
21 you the interview transcript that we have that is
22 Exhibit No. 1, Page 29.

23 (Exhibit 1 marked.)

24 MR. KRETCHMAR: Joe is going to

1 pull it up, I think.

2 BY MR. KRETCHMAR:

3 Q Okay. Between Lines 8 and 11 is
4 the portion including his question that I am
5 thinking of.

6 Let us know when we should go down the
7 page.

8 A Okay. Go ahead and move down.

9 Q Okay. Through Line 21, if you had
10 a chance to review, that let me know.

11 A Okay. I have read it.

12 Q So that seems accurate to the best
13 of your recollection?

14 You recall saying that?

15 A Yes.

16 Q Good.

17 Now, are you or have you previously been
18 a member of the National Association of Social
19 Workers, the NASW?

20 A Yes, I am a member. I have been a
21 member for a long time.

22 Q Okay. Are you therefore familiar
23 with the NASW Code of Ethics?

24 A Correct.

1 MR. KRETCHMAR: Now, we have that
2 whole code as Exhibit No. 2, I believe.

3 (Exhibit 2 marked.)

4 BY MR. KRETCHMAR:

5 Q Does this code suggest those morals
6 and values and ethical standards to which you
7 referred in your interview with the Illinois State
8 Police?

9 A **The ethical standards, yes.**

10 Q Okay. Can you please read aloud
11 the first sentence in the preamble to the code?

12 A **Yes.**

13 **The primary mission of the social worker**
14 **profession is to enhance human**
15 **well-being and help to meet the basic**
16 **human needs of all people, with**
17 **particular attention to the needs and**
18 **empowerment of people who are**
19 **vulnerable, oppressed or living in**
20 **poverty.**

21 Q Thank you.

22 Now, Ben Hurt is included among all
23 people; isn't he?

24 A **That's correct.**

1 Q And he is also vulnerable, part of
2 an oppressed minority, perhaps as an
3 African-American man, and from an impoverished
4 community; isn't he?

5 A I don't know much about his
6 community but he is a patient of ours. So yes, he
7 is someone who deserves all the rights and
8 privileges of being taken care of and us being
9 responsible for.

10 Q And vulnerable; right?

11 A Correct.

12 If he is in our facility it means he is
13 vulnerable because he lacks the ability to be in a
14 less-restrictive environment.

15 Q Therefore, would you agree that
16 meeting Ben Hurt's basic needs while he was your
17 patient was part of your primary mission as a
18 social worker?

19 A Yes --

20 Q And under this --

21 A Let me finish.

22 -- to a level that I have the ability to
23 do.

24 I can't meet housing needs. I can't

1 meet food needs. I can only meet the social work
2 spectrum of needs.

3 Q Fair enough.

4 I want to go to the section of the code
5 that is subtitled Purpose, which begins on this
6 first page.

7 But I want to go to the second page, as
8 we have it here, and I would like you to read
9 Purpose No. 3?

10 A No. 3:

11 The code is designed to help social
12 workers identify relevant considerations
13 when professional obligations conflict
14 or ethical uncertainties arise.

15 Q Also, could you read Purpose No. 6?

16 A No. 6:

17 The code articulates standards that the
18 social work profession itself can use to
19 assess whether social workers have
20 engaged in unethical conduct.

21 NASW has formal procedures to adjudicate
22 ethical complaints filed against its
23 members.

24 In subscribing to this code social

1 **workers are required to cooperate with**
2 **its implementation, participate in NASW**
3 **adjudication proceedings and abide by**
4 **any NASW disciplinary rulings or**
5 **sanctions based on it.**

6 Q Thank you.

7 Now, those are two out of the six
8 purposes they list in this section.

9 Would you agree that those two purposes
10 at least are relevant to the circumstances in
11 which you have practiced your profession since
12 2004, in other words, as a state employed social
13 worker in Elgin Mental Health Center?

14 **A Yes.**

15 Q Let's go to the section of this
16 code subtitled Ethical Principles and this is
17 beginning on Page 4 and there are various
18 paragraphs which have boldface value and ethical
19 principle named or described.

20 Do you see that?

21 **A I see Page 4; correct.**

22 Q On the next page, Page 5, there is
23 a paragraph entitled Value Integrity.

24 Do you see that?

1 Pardon me, Joe says it's Page 6.

2 **A I don't see it on Page 5.**

3 Q It's the --

4 **A There it is.**

5 Q It's the second to the last
6 paragraph. Yeah, there we go; okay.

7 Can you please read the final sentence
8 in that paragraph beginning with Social workers
9 act?

10 **A Yes.**

11 **Social workers act honestly and**
12 **responsibly and promote ethical**
13 **practices on part of the organization**
14 **with which they are affiliated.**

15 Q Do you agree that this is relevant
16 to IDHS and Elgin Mental Health Center, as the
17 organization which you are affiliated with?

18 **A Yes.**

19 Q So you should be promoting ethical
20 practices there; right?

21 **A Correct.**

22 Q You don't lower your ethical
23 standards just because you work in a State
24 facility; do you?

1 **A No, the ethical standards are often**
2 **above the regular standards.**

3 Q Yeah, so these are minimum
4 standards; right?

5 **A Yes.**

6 Q Okay. Now, I want to go into the
7 later section that contains specific ethical
8 standards.

9 There is Part 1 entitled Social Workers'
10 Ethical Responsibilities to clients and I would
11 like you to read Paragraph 1.03, Informed Consent,
12 Subparagraph D, beginning, In instances.

13 **A Could you make it a little bigger?**
14 **In instances when clients are receiving**
15 **services involuntarily social workers**
16 **should provide information about the**
17 **nature and extent of services and about**
18 **the extent of the client's right to**
19 **refuse service.**

20 Q So you tell your patients or
21 clients at Elgin Mental Health Center about their
22 right to refuse services; right?

23 **A Yes, I do.**

24 Q Did you ever tell Ben Hurt that if

1 he didn't take psychotropic medication he won't
2 get out or it would take him longer to get
3 released?

4 **A Never had that conversation with**
5 **him. I was only his social worker for less than a**
6 **month.**

7 Q Did you presume that somebody --
8 that nobody else told him that, nobody told him,
9 Hey, you better take meds or you are not going to
10 get out?

11 MS. KOZAR: Object to form.

12 You can answer.

13 THE WITNESS: Okay. Sorry.

14 No, I wouldn't assume that. Again, that
15 would be his -- His treatment team would have to
16 manage those issues with him.

17 BY MR. KRETCHMAR:

18 Q So let me make sure I understand
19 your answer.

20 You are saying that perhaps somebody
21 else on the treatment team or on the unit may have
22 told Ben, Hey, you better take meds or else you
23 won't get out?

24 **A No, I am not aware of that.**

1 I have had a lot of patients be
2 discharged without meds, you know, so I am not
3 aware of that.

4 Q Okay. Great.

5 Now, what about moral recognition
6 therapy or MRT?

7 Did you ever tell Ben Hurt that if MRT
8 did not make sense to him he could refuse that
9 service?

10 A I don't recall.

11 But he can refuse any of the services.
12 He would be able to at that time.

13 But I don't think I referred him to MRT,
14 if he was in it, but again, he was Bob Hamlin's
15 patient for most of the time and I was just
16 covering for Bob for one month.

17 Q Let's go to Paragraph 1.05. I have
18 this on Page 7 -- on Page 9, I guess.

19 I don't know why I have different page
20 numbers but I will go with this.

21 1.05 Cultural Competence, Subparagraph
22 C, could you please read that?

23 A Yes.

24 Social workers should demonstrate

1 awareness and cultural humility by
2 engaging in critical self-reflexion
3 (understanding their own bias and
4 engaging in self-correction),
5 recognizing clients as experts of their
6 own culture, committing to lifelong
7 learning and holding institutions
8 accountable for advancing cultural
9 humility.

10 Q Thank you.

11 Can you offer any example of how you
12 applied that particular ethical standard in Ben
13 Hurt's case?

14 A Again, my time with him was so
15 limited, I don't recall having those discussions
16 with him.

17 Most of the work that I had with him was
18 educating about -- psychodynamic education about
19 and alcohol and the impact they have on the brain
20 and potentially on his mental illness.

21 I don't remember engaging in anything
22 regarding cultural issues with him.

23 Q Fair enough.

24 I would like you to read the title and

1 the first Subparagraph A of Ethical Standard

2 No. 1.09. That is Page -- So this is Page 14.

3 **A Yes. You said A?**

4 Q Yeah, read the title and the first
5 Subparagraph A.

6 **A 1.09 Sexual Relationships:**

7 **A: Social workers should under no**
8 **circumstances engage in sexual**
9 **activities, inappropriate sexual**
10 **communications through the use of**
11 **technology or in person or sexual**
12 **contact with current clients, whether**
13 **such contact is consensual or forced.**

14 Q Now, this is what the present case
15 is all about; right?

16 **A That's my understanding, yes.**

17 Q Christy Lenhardt engaged in sexual
18 activities with Ben Hurt while he was her client
19 and your client on L&K Units; right?

20 **A I don't know if they engaged in any**
21 **type of sexual activity while he was under my**
22 **watch for that month. I have no idea.**

23 Q Fair enough.

24 Under this ethical standard 1.09, can

1 you tell me what the final word is in Subparagraph
2 B?

3 **A Boundaries.**

4 Q Good.

5 And what's the final word in the second
6 to last sentence in that same subparagraph?

7 **A It looks like it's Boundaries.**

8 Q What about the final word in
9 Subparagraph D?

10 **A Boundaries.**

11 Q Okay. Do you think that the use of
12 this term boundaries three times in the four short
13 paragraphs pertaining to Ethical Standard 1.09
14 regarding sexual relationships implies any
15 particular meaning to that term boundaries?

16 MS. KOZAR: Objection, form.

17 MR. KRETCHMAR: I am just asking
18 what he thinks.

19 THE WITNESS: I am not quite sure
20 what you are asking.

21 Boundaries in this situation I think
22 applies to a person's personal boundaries between
23 a social worker and a client, as in what the
24 ethics will talk about.

1 Dual relationship is a boundary
2 violation, where if -- you can't have a second
3 relationship. So your primary relationship with a
4 client is one as a social worker.

5 You cannot have a secondary or dual
6 relationship, such as buying a car from them,
7 having a sexual relationship with them. Those
8 things are unethical.

9 BY MR. KRETCHMAR:

10 Q All right. Let me simplify the
11 question.

12 From the way the word is used in this
13 section of these ethical standards, boundaries is
14 related to sex; isn't it?

15 A For this one, yes, this is
16 regarding sexual relationships, so yes, in this
17 section, yes.

18 Q Now, Christy Lenhardt was widely
19 rumored or well-known actually to have had issues
20 with boundaries over many years while she worked
21 at Elgin; wasn't she?

22 A Such as what? I am not aware of
23 that.

24 The one thing that I know is sometimes

1 she stayed late, you know, but that was for her
2 and her supervisor to deal with.

3 So other than that I am not aware of any
4 other boundary problems.

5 Q Now, how is staying late a boundary
6 problem?

7 A Because we are held accountable for
8 the time that we are here and the administration
9 and the supervisors should know if someone is here
10 past that time. There may be liability issues if
11 you are, what they say, off the clock and
12 something happens.

13 But it's part of your professional
14 responsibility to notify your supervisor if you
15 are outside your work window.

16 Q Why do they need to know if you are
17 there, say, an hour late?

18 A It's everything from, if there is
19 an evacuation, if there is a fire, what the
20 purpose of it is, and do they have to pay them
21 overtime.

22 Q And does being there for a fire or
23 being paid overtime -- does that implicate
24 boundary issues?

1 A Not necessarily.

2 Q Well, then in what circumstance
3 would it actually?

4 A If you are staying late to spend
5 time talking with clients or hanging out with
6 other staff talking about things that would not be
7 the role that you are being paid for.

8 Your role is to provide counseling to
9 your patients on the unit but that's within a time
10 period. So any time outside of that you should
11 have permission or some level of expectation what
12 you are doing.

13 During my dyads, I have groups that I
14 have to run during certain times and that's where
15 I am expected to be.

16 I have counseling sessions at certain
17 times so I am expected to be in the office with my
18 clients at that time.

19 Staffing times I am supposed to be.

20 So it's an expectation of where we
21 should be doing our job.

22 Q Did you ever hear or for that
23 matter did you ever tell anyone that Christy
24 Lenhardt had boundary issues?

1 A There was an event in 2014 where
2 she showed up in my office very upset and crying
3 with a new intern. I immediately said that she
4 should have her intern leave because this is not
5 her intern's issues. And she said her intern
6 already knew about it.

7 Ms. Lenhardt was having significant
8 problems at home with her son and at that point
9 she was very overwhelmed. So I encouraged her to
10 contact law enforcement. Said, Call the police if
11 your son is doing these type of behaviors where he
12 is destroying your property.

13 And I contacted her supervisors, Robert
14 Hamlin and Peg Gimbel, and said, This is not a
15 good time for her to have an intern because it
16 sounds like her boundary issues -- again bringing
17 her intern into that situation with her -- where
18 it was professional and now it's a personal
19 relationship, so that's a dual relationship.
20 That's not appropriate for the intern and it's not
21 appropriate for the intern to experience here.

22 So I requested they change her
23 internship. And to my knowledge they reassigned
24 the intern after that.

1 **So, yeah, that was a boundary issue**
2 **there.**

3 Q So the example you gave was an
4 issue of boundaries with coworkers; right?

5 A **Correct -- Or an intern. Not with**
6 **a coworker but an intern; correct.**

7 Q Somebody else who was a clinical
8 staff of whatever status, yeah; okay?

9 A **Fair.**

10 Q Now, correct me if I am wrong, but
11 boundaries certainly apply to patients as well;
12 right?

13 A **Correct, yes.**

14 Q Did you ever hear that Christy
15 Lenhardt had boundary issues with patients?

16 A **No.**

17 Q Did you ever tell anyone that there
18 were rumors perhaps or that other people said she
19 had boundary issues with patients?

20 A **No.**

21 Q No such clue; right?

22 A **Not that I was aware of.**

23 Q Could you please read aloud Ethical
24 Standard No. 1.14, Clients who lack

1 decision-making capacity, Page 15?

2 **A Okay.**

3 **When social workers act on behalf of a**
4 **client who lacks the capacity to make**
5 **informed decisions social workers should**
6 **take reasonable steps to safeguard**
7 **interests and rights of those clients.**

8 **Q Thank you.**

9 **Now, all involuntarily committed**
10 **patients at Elgin Mental Health Center lack**
11 **capacity to consent to sexual contact; isn't that**
12 **correct?**

13 **A That's my understanding.**

14 **Q That's your understanding but you**
15 **have no direct knowledge of that?**

16 **A Well, yeah. It's unethical to have**
17 **a sexual relationship with a client from a staff**
18 **perspective, yes, as a staff member, yes, and --**
19 **Go ahead.**

20 **Q And patients lack legal capacity to**
21 **consent; isn't that right?**

22 **A I don't know if that's right but**
23 **that's how I treat patients. I believe since they**
24 **were sent here by the court they lack the capacity**

1 **to make the right decisions, so that's how I see**
2 **the patients; correct.**

3 Q Well, in particular, they lack the
4 capacity to make the right decisions or to consent
5 to sexual contact; isn't that correct?

6 **A Yes, that's correct.**

7 Q Okay. So you needed to take
8 reasonable steps to prevent a patient like Ben
9 Hurt, for example, from being seduced into a
10 years' long sexual affair with his social worker;
11 didn't you?

12 MS. KOZAR: Object to form.

13 THE WITNESS: I was not aware that
14 there was a relationship or there was sexual
15 contact.

16 BY MR. KRETCHMAR:

17 Q Well, I am asking about an ethical
18 duty to protect him, while he was your patient at
19 least, under this -- under this Ethical Standard
20 1.14, Clients who lack decision-making capacity,
21 that makes it incumbent upon you to take
22 reasonable steps to safeguard Ben Hurt from sexual
23 contact; right?

24 **A Correct.**

1 Q Okay. Just to clarify 100 percent,
2 you do know that it's illegal to have sexual
3 contact with a patient, if you are staff at Elgin;
4 right?

5 A Yes.

6 Q Okay. I want to go to Part 2 of
7 this section containing specific ethical
8 standards. It's entitled Social Workers Ethical
9 Responsibilities to Colleagues. This will be
10 Paragraph 2.01 entitled Respect.

11 Could you read subparagraph B beginning
12 with, Social workers should avoid?

13 A Yes.

14 Social workers should avoid unwarranted
15 negative criticism of colleagues in
16 verbal, written and electronic
17 communications with clients or with
18 other professionals.

19 Unwarranted, negative criticism may
20 include demeaning comments that refer to
21 colleague's level of competence or to an
22 individual's attributes, such as race,
23 ethnicity, national origin, color, sex,
24 sexual orientation, gender identity or

1 **expression, age, marital status,**
2 **political belief, religion, immigration**
3 **status and mental or physical ability.**

4 Q Okay. So you are not supposed to
5 criticize other social workers unnecessarily,
6 Christy Lenhardt being one example; is that right?

7 A Should not, unless its constructive
8 criticism on a clinical level or if it's something
9 that's inappropriate, then I think it's important
10 that you bring that to the attention of somebody,
11 yes.

12 Q The language in this is, Social
13 workers should avoid unwarranted negative
14 criticism; correct?

15 A Correct.

16 Q That would apply to Christy
17 Lenhardt; right?

18 A Correct.

19 Q Would you say that another side of
20 this perhaps is shown later in this Part 2,
21 Paragraphs 2.08 -- I don't need you to read all of
22 this -- 2.08 entitled Impairment of Colleagues,
23 2.09, Incompetence of Colleagues, and 2.10,
24 Unethical Conduct of Colleagues.

1 Are those the things that you were
2 referring to when you said, if it is warranted or
3 if it's something that -- you know, criticism that
4 you need to make; is that correct?

5 A Well, yes. This is where you would
6 give observations and advise their supervisor of
7 any concerns that might be happening.

8 Now, different people have professional
9 backgrounds that have different skills and
10 qualities. So part of the process with social
11 workers or any other clinicians is learning how to
12 become a better social worker as you continue to
13 develop and grow in the profession.

14 So sometimes that involves, you know,
15 criticism along the lines of, you know, you don't
16 talk anything about your personal life because
17 that would be a boundary violation. You are
18 trying to develop rapport but those are the kind
19 of things that you have to learn as you go along.

20 Q So if you had ever been concerned
21 that perhaps Christy Lenhardt was impaired or
22 incompetent or conducting herself unethically you
23 would have had an ethical responsibility to take
24 some remedial action; right?

1 **A Right, correct.**

2 Q Can you please read Subparagraph E
3 under Paragraph 2.10, Unethical Conduct of
4 Colleagues, that's the last subparagraph in this
5 section?

6 **A 2.10:**
7 **Social workers should defend and assist**
8 **colleagues who are unjustly charged with**
9 **unethical conduct.**

10 Q Did you ever defend or assist
11 Christy Lenhardt against unjust charges of
12 unethical conduct?

13 **A Not that I am aware of.**

14 Q Well, if you had done that, you
15 would be aware of it; right?

16 **A I would think so, yeah.**

17 Q So do you recall ever having
18 defended or assisted her against unjust charges?

19 **A No, I do not.**

20 Q Let's go to Section 3, Ethical
21 Responsibilities and Practice Settings,
22 Subparagraph 3.04, Client Records, under Part 3.
23 Could you please read Subparagraphs A
24 and B?

1 **A Yes.**

2 Social workers should take reasonable
3 steps to ensure that documentation in
4 electronic and paper records is accurate
5 and reflects the services provided.

6 Social workers should include sufficient
7 and timely documentation in records to
8 facilitate the delivery of services and
9 to ensure continuity of services
10 provided to clients in the future.

11 **Q Thank you.**

12 This issue of continuity of services
13 could apply in the practice setting of Elgin
14 Mental Health Center; couldn't it?

15 **A Such as how?**

16 **Q I mean --**

17 **A Generally?**

18 **Q Okay. Generally, first of all.**

19 **A Continuity of services is, as we**
20 **work towards somebody's progression towards being**
21 **discharged into a least restorative environment,**
22 **you continue to work on progression and**
23 **communicate that through your staff and through**
24 **your records.**

1 Q Okay. How about if your patient
2 got a new treatment team or just a new social
3 worker, would you have some responsibility to
4 facilitate continuity of service?

5 A Well, there is usually a transfer
6 staffing that would go on, that goes from one unit
7 to another, but yes, you should continue with the
8 continuity of the services being provided.

9 Q And that's an ethical
10 responsibility of yours under this code; right?

11 A Correct.

12 Q So would you be likely, just for
13 example, to review chart records, like annual
14 evaluations of Ben Hurt by a psychiatrist and
15 psychologist and other clinical professionals,
16 when he became your client?

17 A When he became my client -- I
18 usually review those things during annual social
19 assessment.

20 When he became my client it was just
21 temporary because I knew I was leaving. So my
22 goal was to help keep him moving forward in the
23 MISA program, as he was transitioned to Robert
24 Lee, the discharging social worker.

1 Q Yeah. He became your client in,
2 what, maybe March or April of 2017; is that
3 correct?

4 A Correct, from April to May of 2017;
5 correct.

6 Q Did you review his chart records at
7 that time?

8 A I would have reviewed basically
9 where he was at and where he was progressing to.
10 Had I had the opportunity to do all his past chart
11 records, I am sure I hadn't at that time.

12 Q So your answer is, no?

13 A Was I able to do it at that time,
14 no, I wouldn't have been able to do everything at
15 that time, but hopefully I would have reviewed it
16 by the time he was discharged, if I remained his
17 social worker.

18 Q So what part of his chart records
19 were you able to review?

20 A It would have been his last
21 treatment plan, hopefully I would have reviewed
22 his psychiatric assessment, as well as a social
23 assessment.

24 Q And you say hopefully, do you

1 remember whether or not you did review those
2 records?

3 A I do not remember if I did or
4 didn't.

5 Q As part of this whole continuity of
6 services would you also weigh in on decisions
7 about whether to transfer someone to another
8 clinical unit?

9 A We often -- Because of the
10 substance abuse program we have roughly a
11 six-month program, so we get patients coming in
12 from other units that work our program and then go
13 back.

14 So yes, we would be involved in
15 recommending are they ready to go, is it a good
16 fit for them, have they reached their goals in the
17 treatment program to go back to their home unit.

18 Some of our patients are honoring it, we
19 are their home unit, so they would have stayed
20 with us.

21 Q Would you also weigh in on
22 decisions about whether to seek civil commitment
23 of a patient whose Thiem date was approaching?

24 A We could have an opinion on that.

1 Again, that's primarily the doctor's
2 opinion. But yes, we could have an opinion on
3 that, especially when we look at least restrictive
4 alternatives.

5 If the patient is refusing to go to a
6 group home or go to maybe a nursing home, and
7 that's where their needs are met best, we would be
8 the ones exploring those alternatives for them.

9 Q Would you read over a discharge
10 summary to make sure important issues were
11 documented?

12 A Well, we would usually write the
13 discharge summary.

14 Q Yes.

15 Nevertheless, you have some concern for
16 continuity of treatment, according to this ethical
17 standard.

18 If someone were leaving and they were
19 about to be discharged, would you pay attending to
20 the discharge summary to make sure important
21 issues were documented?

22 A He wouldn't have had a discharge
23 summary when I was working with him.

24 Q By he, you are talking about Ben

1 Hurt?

2 **A Ben Hurt; correct.**

3 **That discharge summary was created by**
4 **Robert Lee when he was discharged.**

5 MR. KRETCHMAR: Hang on one second.

6 EXAMINATION

7 BY MR. CECALA:

8 Q I want to make sure I am clear
9 about your earlier question about civil
10 commitment.

11 So when a patient is approaching their
12 Thiem date, does the social worker weigh in on
13 whether -- you know, as part of the treatment
14 team -- whether the facility should pursue civil
15 commitment in anticipation of the Thiem date?

16 Does the social worker weigh in on that
17 or not?

18 **A We would have an opinion on that**
19 **with the treatment team, yes.**

20 Q So what does that mean, you would
21 have an opinion on that?

22 **A Whether there were any ulterior**
23 **placements which would provide for the**
24 **individual's needs because involuntary commitment**

1 is kind of the most restrictive form of the
2 commitment.

3 So it would be part of the process of,
4 say, I have somebody who can't cook, they would
5 need to have some type of facility that provides
6 their basic needs for them.

7 So we would have to look at what are
8 their basic needs and what are the minimum
9 requirements for them to be able to not meet the
10 requirements for subject to involuntary admission.

11 Q Right. I think that's a different
12 answer to a different question. Maybe I will ask
13 this. Maybe it isn't.

14 If someone can't cook, do you ever weigh
15 in and say, Well, they can't cook. We should
16 create a civil commitment process for this person?

17 A No, only if their cooking causes
18 them to be a threat to self or others. I mean, if
19 they set the house on fire from cooking then that
20 can be a problem.

21 What I would want to do is make sure
22 they had appropriate services so they would be
23 able to get food and housing as part of their
24 ability to being in the community.

1 Q Right.

2 So my point is, a civil commitment
3 evaluation has more to do with whether the patient
4 is a danger to his or her self or the community;
5 right?

6 A Or an ability to care for self, if
7 I remember correctly, yes.

8 Q Well, can you civilly commit
9 someone for simply being unable to care for
10 themselves?

11 A Yes. It's one of the prongs of the
12 civil commitment, is my understanding.

13 Q Okay. So when you say they can't
14 care for themselves, we are going to weigh in for
15 civil commitment, this is -- I mean, I got it --
16 being unable to care for one self so much so that
17 they are a danger to themselves though; right?

18 A Right.

19 Q So it's not primarily that they
20 don't have a place to live or they don't know how
21 to make an omelet, does -- are those things under
22 the subcategory of, if we release this person it's
23 too dangerous; right?

24 A Correct.

1 Q Okay. I just wanted to make sure I
2 clarified that.

3 So his question was -- His question was
4 actually, how do you weigh in when considering --

5 How does the social worker weigh in when
6 considering whether civil commitment is
7 appropriate as a patient approaches his Thiem
8 date?

9 A I guess I weighed in on the
10 progress on any type of opinion they had regarding
11 a threat to self or others.

12 If they observe behaviors that were
13 concerning or inappropriate or symptoms that were
14 concerning or inappropriate, like someone with a
15 delusional belief that they have to kill somebody,
16 you know, if the social worker read that or
17 observed that, that would be part of the
18 commitment process.

19 So that would be the actual -- The
20 commitment process, my understanding, is about
21 their active mental status at that time, not what
22 can happen in the future, even though there is a
23 weird prong about most likely to be compensated or
24 something, if they become a threat, but I have

1 **never seen that prong used on the civil commitment**
2 **aspect of it.**

3 Q Right.

4 So the primary focus about how you weigh
5 in is evaluating significance of danger to self or
6 others; correct?

7 A To some extent.

8 That's more the doctors, because they
9 are doing the certificates on that.

10 But yes, we would weigh in on that if we
11 observed things or were aware of things.

12 Q Just one final thing and I will
13 send it back to Randy.

14 The information you gather, as the
15 patient might be approaching -- not necessarily
16 Ben Hurt but any patient -- as a patient is
17 approaching their Thiem date, isn't it important
18 to gather all of the relevant information about
19 whether that patient is a danger to self or
20 others?

21 You gave a significant one which is
22 homicidal thoughts or expressing that they want to
23 kill someone. Obviously that is fairly obvious
24 and significant, but there are others you just

1 mentioned, which is, you know, he can't cook for
2 himself, which might entail needing to place him
3 at a facility rather than civilly commitment him;
4 right?

5 **A Right. Or a group home or just an**
6 **agency that provides those type of services, yes.**

7 Q Right.

8 So gathering the patient information
9 about every aspect of releasing that patient on
10 his Thiem date, related to danger to self and
11 others, as well as being able to go back and
12 function, my question is:

13 What's the importance of gathering every
14 piece of information to make that decision, to
15 weigh in on whether he should be civilly committed
16 or released on his Thiem date?

17 Is that important?

18 **A Well, the history is not as**
19 **important because it's really a decision about how**
20 **they are functioning now. So you have to assess**
21 **the ability to function now with what the current**
22 **problems are. So the history is not as relevant.**

23 Q Right.

24 So the present information, what's

1 actually occurring right at the moment that they
2 are about to be released, would in fact, as you
3 are stating -- I don't want to put words in your
4 mouth -- that would be far more significant than
5 perhaps something that happened two years ago;
6 right?

7 **A Right, correct.**

8 Q So you would want to have the
9 entire body of information about what's occurring
10 with that patient right at the moment that you are
11 about to let them go into the public and know
12 whether you are responsibly releasing someone who
13 is a danger to self or others or not; right?

14 **A Yes.**

15 MR. CECALA: Okay.

16 EXAMINATION

17 BY MR. KRETCHMAR:

18 Q Yeah, I want to go to Paragraph
19 3.09, queue forward, which is on what page? We
20 are on Page 22.

21 There we go.

22 Could you please read aloud Sections B
23 and D, from 3.09 Commitments to Employers.

24 **A Sure.**

1 **B: Social workers should work to**
2 **improve employing agencies' policies and**
3 **procedures and the efficiency and**
4 **effectiveness of their services.**

5 **D: Social workers should not allow an**
6 **employing organization's policies,**
7 **procedures, regulations or**
8 **administrative orders to interfere with**
9 **their ethical practice of social work.**
10 **Social workers should take reasonable**
11 **steps to ensure that their employing**
12 **organization's practices are consistent**
13 **with the NASW Code of Ethics.**

14 Q Thank you.

15 You have done some work to improve
16 policies and procedures in Elgin Mental Health
17 Center and in the Department of Human Services in
18 respect to prevention of sexual abuse of patients;
19 haven't you?

20 A I have done some work as in?

21 I put some trainings together for social
22 workers and for staff, yes.

23 Q Good. That's -- I was going to
24 ask, please describe that work or give us some

1 details.

2 A I have done ethical training
3 because social workers are required to have
4 ethical training every two years as part of
5 maintaining their license. So I have put together
6 ethical trainings.

7 In this situation when this occurred I,
8 with a committee, a group of people, we put
9 together a training called Safe Interactions which
10 talks about -- specifically about what's
11 appropriate, what's not appropriate, reinforcing
12 both the ethics, the criminal code, as well as the
13 agency policies on everything from inappropriate
14 sexual contact to being manipulated to bringing
15 contraband, those type of things.

16 Q So when you said in this situation,
17 when this occurred, you were talking about the
18 incident or the discovery of the sexual
19 relationship between Ben Hurt and Christy
20 Lenhardt; right?

21 A Correct.

22 Q Would you read -- I am going quite
23 a few pages forward now.

24 MR. CECALA: Sorry. I want to ask

1 this.

2 EXAMINATION

3 BY MR. CECALA:

4 Q You said there was a committee
5 formed to come up with the safe interactions
6 training.

7 Who was on that committee?

8 A Ann Boisclair was part of it, I
9 think Chief Epperson was part of it, and I really
10 can't remember who else was on the team.

11 Q Was Colleen Delaney a part of that
12 team?

13 A No, she was not.

14 Q What about Diana Hogan?

15 A No, she was not.

16 Q Do you remember if Linda Nidelkoff
17 was part of that team?

18 A She was in charge of training. She
19 may have been part of it. She was coordinating
20 the use of it, so she may have been, but I don't
21 recall specifically.

22 Q So more as a coordinator, not
23 looking at the substance of it?

24 A That would most likely be the case.

1 Q Was Ann part of -- Did you create
2 the entire substance?

3 A No, no.

4 It was actually created with a group of
5 us and Ann Boisclair was the one who kind of went
6 through and identified what we wanted in there and
7 didn't want in there, those type of things.

8 So yes, I put together a template of
9 ideas to go with.

10 Q Do you recall if you emailed that
11 around to anyone or do you recall -- do you have
12 that training somewhere?

13 A I videotaped to be doing the
14 training for staff. There is a new one coming up
15 which we are modifying right now.

16 So I do believe that training is
17 available in the facility because they have shown
18 it to new employees.

19 Q Is there a slide presentation that
20 you give?

21 A It's a Powerpoint.

22 They did record it once but I don't know
23 if they know where the recording is to the whole
24 presentation.

1 Q Do you have the slides?

2 A The slides are with -- on the N
3 drive in our facility, which is the neutral drive,
4 so people can bring them up.

5 MR. CECALA: Amanda, if it's
6 possibly, I know we are approaching the discovery
7 close window, I would ask if you could turn over
8 slide presentation that Drew created.

9 MS. KOZAR: Yeah, I will request
10 that.

11 BY MR. CECALA:

12 Q I am sorry, I called you Drew.
13 Is it okay if I call you Drew?

14 A That's fine. That's what everybody
15 calls me.

16 Q You said Chief Epperson was
17 involved as well?

18 A I believe so. Yeah, I believe he
19 was.

20 Q Do you recall any conversations
21 that you were a part of to select the team of
22 people that may have been on this committee to
23 train?

24 A I was not part of selecting people,

1 **no.**

2 Q Do you recall ever having any
3 conversations with Diana Hogan about whether she
4 should or should not be on the team?

5 **A No.**

6 Q What about having conversations
7 with Linda Nidelkoff about whether Diana Hogan
8 would be part of the team?

9 **A No, I have no recollection of that.**

10 Q Just one last thing.

11 When exactly did you begin the process
12 of creating the safe interactions training?

13 About how far after the Christy Lenhardt
14 incident was that being done?

15 **A I would guess probably six months**
16 **to eight months out, but that's purely a guess,**
17 **because I was on a medical leave until I think**
18 **October, so I wasn't even back until then because**
19 **of my knee surgery.**

20 Q So late 2017, early 2018?

21 **A Probably. I am not certain, but**
22 **probably.**

23 MR. CECALA: Okay.

24 ///

EXAMINATION

BY MR. KRETCHMAR:

Q One more subsection from this Ethical Code I would like you to read. We are going to go forward to Paragraph 6.04 entitled Social and Political Action.

And I would like you to read Subsection D under 6.04.

A 6.04:

Social workers should act to prevent and eliminate domination of or exploitation of and discrimination against any person, group or class on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political beliefs, religion, immigration status or mental or physical ability.

Q Exploitation of any person on the basis of race, you would have an ethical duty -- if you suspected that somebody was acting against patients of a particular race -- you would have to look at that; right?

A Yes.

1 Q Under this Ethical Code; right?

2 A Yes.

3 MR. KRETCHMAR: Okay. I am going
4 to turn it back to Joe.

5 MR. CECALA: I am going to try -- I
6 am going to move this a little closer to me.

7 And I am going to try to get the other
8 exhibit, Exhibit No. 1.

9 Sorry, I can't reach the exhibit. Let
10 me just find the right one.

11 Here it is. Sorry, I had it the first
12 time.

13 EXAMINATION

14 BY MR. CECALA:

15 Q Can you see the screen, Drew?

16 A Yes, I can.

17 Q Okay. Just for the record -- Well,
18 you can't actually see the Bates stamp so well.

19 The Bates stamp is a little number at
20 the bottom of the page.

21 A Okay.

22 Q It looks like it says Hurt Subpoena
23 and it's a little blocked out right down here. I
24 think it says 2218.

1 **A I can't read that.**

2 Q Sorry, on the hard copy it says
3 Hurt Subpoena 002216. It's right down here.

4 Can you see that?

5 **A I can barely make it out but it**
6 **looks like that's what it is.**

7 Q I think that's what it is.

8 Yeah, can you see it now?

9 **A Yes.**

10 Q So this document is the IDHS
11 Personnel Action Form from your personnel file?

12 **A Okay.**

13 Q And then in Box 7, do you see where
14 that right there?

15 **A Yes.**

16 Q In this transaction, Line 1, it
17 says, Return from leave of absence.

18 And then there is a code. It looks like
19 the code was incorrect and it was manually put in.

20 Do you see that?

21 **A Yes.**

22 Q Next to it, it says Effective Date
23 9-5-17.

24 Do you see that date?

1 **A Yes.**

2 Q In the employee signature area, is
3 that your signature?

4 **A It looks like it, yes.**

5 Q On September 5, 2017?

6 **A Uh huh.**

7 Q Do you recall that this was the
8 date you returned from your medical leave of
9 absence?

10 **A This is the date I returned to**
11 **light-duty.**

12 Q Okay.

13 **A Yes.**

14 Q When you say light-duty, was it a
15 full-time day on light-duty or were you part-time?

16 **A Full time on light duty.**

17 Q Box 8 it says:

18 Employee is returning from an 87-day
19 service connect absence. This absence
20 counted towards employee's annual FMLA
21 entitlement and he has exhausted his
22 2017 FMLA entitlement. Creditable
23 service date not adjusted.

24 So was it correct, it was an 87-day

1 service connect absence that you were on LOA for?

2 **A That sounds about right.**

3 Q You know, if you don't want to
4 disclose any personal medical information that's
5 fine, but I am going to ask you, what does the
6 service connect absence --

7 There is a medical issue. How is it
8 service connected?

9 **A I was responding to a code from K**
10 **Unit to the Pinel. It was a Code White called**
11 **where all staff immediately respond to.**

12 And as I was running to that code my
13 meniscus in my left knee detached, it popped, and
14 so I ended up needing to get my meniscus actually
15 reattached.

16 Q Okay. It doesn't sound like fun.

17 A Code Red, was that --

18 **A Code White.**

19 Q Sorry.

20 Code White, was that some type of
21 perhaps security emergency?

22 What does Code White mean?

23 **A Code White is all staff are to**
24 **respond. It usually means there is a security**

1 **problem. Could be a fight, could be someone in**
2 **danger. That's a security response, yes.**

3 Q So you had to have a meniscus
4 surgery, injuring your meniscus at work.

5 This is just the next page. It looks
6 like 2217 at the bottom.

7 It looks like it's an email from
8 Kathleen Massat?

9 **A Correct.**

10 Q Do you know who Kathleen is?

11 **A I believe she works in human**
12 **services -- pardon me -- in the HR department,**
13 **human resources.**

14 Q So it looks like this is just a
15 transmittal. I think it's of the page prior to
16 this.

17 It says, September 5, 8:50 a.m. scanned
18 xerox multifunction printer PDF.

19 I think it's just the attachment showing
20 that you came back to work on September 5?

21 **A Yes.**

22 Q So it would be appropriate, she is
23 the human resources person; right?

24 **A Yes.**

1 Q Okay. Great.

2 The next page, Document No. 2218, next
3 in the sequence. It's a similar page to the first
4 one.

5 Do you see that?

6 A Yes.

7 Q And then again in Box 7, Line
8 No. 1, LOA, that means leave of absence; right?

9 A I believe so.

10 Q Service Disability.

11 And then there is another transaction
12 code next to that.

13 It says Effective Date 6-10-17; right?

14 A Right.

15 Q In Box 8 it says:

16 Employee is beginning a service connect
17 TTD -- probably a code for temporary
18 disability.

19 I don't know what that means. I
20 don't think it's important. But leave of
21 absence.

22 Employee will be entitled to five
23 service connect days and then leave will
24 begin on 6-10. This absence will count

1 towards employee's annual FMLA
2 entitlement.

3 Do you see where that's written?

4 **A Yes.**

5 Q So the leave of absence, per your
6 payroll, according to this and according to these
7 two spots, says it would have been commenced on
8 June 10; right?

9 **A Well, leave of absence was on**
10 **June 10 but I was out before then because of the**
11 **five days of service connect.**

12 Q Right. Exactly.

13 So there is another document -- There is
14 another document similar to the earlier one,
15 probably more payroll oriented leave of absence
16 without pay effective date 6-10. It talks about
17 what your pay was.

18 And then this is the similar one. It
19 looks like this is a document, Page 2220, there is
20 just missing some initialing of this, but it looks
21 like it's the same document three pages earlier.

22 Would you agree, it looks about the
23 same?

24 **A Okay. Yeah.**

1 Q Okay. And then here is another
2 email from Kathleen which looks like there is a
3 scan -- she is getting this into your personnel
4 file; right?

5 So the subject is Drew Beck and it's the
6 reference to the 6-10 situation; right?

7 A **I guess so. I mean, I don't know**
8 **their process.**

9 Q Right.
10 But it looks like she is transmitting
11 these payroll records around; right?

12 A **Makes sense.**

13 MR. CECALA: Okay. Then there is a
14 document that didn't get scanned in. If it's
15 okay, I'm missing a document, can we take a five
16 minute break so I can find why the document didn't
17 scan?

18 MS. KOZAR: Yeah, that's fine.

19 MR. CECALA: A five-minute break.
20 We have been at it -- It's 12:30. We have been at
21 it for an hour and a half. I am going to go off
22 the record and find my document.

23 MS. KOZAR: Okay. Sounds good.

24 MR. CECALA: Thanks.

1 (Whereupon a recess was had).

2 BY MR. CECALA:

3 Q I am not sure why this page didn't
4 get scanned with the others but it's Bates stamped
5 2223.

6 This was part of your personnel file,
7 Drew --

8 A Okay.

9 Q -- that was provided.
10 Do you see that page?

11 A Yes.

12 Q So just another email from Kathleen
13 to -- it will looks like -- William Epperson, Wade
14 Larson, Melissa Downey, Bounthavy Xaypharath.

15 Then it says Jenks Wroten, Patrick Uy,
16 Linda Nidelkoff, Agnes Krakowski, Salvatore
17 Verdone and Keith McTyer.

18 So it's an email from Kathleen to all
19 those people; correct?

20 A Looks like it, yes.

21 Q The subject is:

22 Social Worker Drew Beck will be out for
23 several weeks to several months and we
24 have his keys and alarm here in HR for

1 pickup.

2 Right?

3 **A Yes.**

4 Q So the email is sent on Friday,
5 June 2, 2017, at 12:48 p.m.

6 Do you see that?

7 **A Yes.**

8 Q So does that seem like the date
9 that would have been the five workdays earlier
10 than June 10 where you would have started your
11 leave of absence?

12 **A Yes.**

13 Q Then it indicates here that we have
14 his keys and alarm here.

15 What is an alarm?

16 **A It's a spider alarm, where if you
17 push it, it will send security.**

18 So we have alarm systems that it will
19 show where you are at. So say if I was getting
20 attacked, I would push the button and it would say
21 -- it would call a Code White and would come to my
22 area.

23 Q Okay. Understood.

24 So you had to turn those in; right?

1 **A Right.**

2 Q Now, once those were turned in were
3 you able to go back into the facility for any
4 reason?

5 **A No.**

6 Q Did you go back into the facility
7 between June 2 and September 5?

8 **A I don't believe so, unless I went
9 to HR for something, but no.**

10 **The forensics facility is separate from
11 HR.**

12 Q Okay. So you would never -- Even
13 if you had gone back, it would have been to some
14 type of administrative building, not to your unit?

15 **A Right, correct.**

16 Q That would have been K Unit; right?

17 **A Right. I wouldn't be allowed back
18 in the unit because of my medical issues.**

19 Q So your unit or any unit for that
20 matter; right?

21 **A Right.**

22 Q Because it would have been a danger
23 for you to be around patients with the medical
24 issue; right?

1 **A That's correct.**

2 Q Okay. So I am going to go now --
3 You have seen this before, it's Exhibit No. 1, but
4 I am going to go to the top.

5 This is a transcript of your interview
6 with the Illinois State Police dated 28 September,
7 2017, it looks like around 3:00 p.m.

8 Do you see that?

9 **A Yes.**

10 Q You remember talking to the State
11 Police; right?

12 **A Yes, I do.**

13 Q You know, just for my information,
14 when you were talking to the State Police you were
15 telling them the truth to the best of your
16 knowledge?

17 **A Yes.**

18 Q I am going to skip down and then we
19 will blow it up.

20 So this is on Page 4 of the transcript,
21 where the officer is -- I'll go up to the top so
22 you can see the whole page.

23 It looks like on Page 3, right around
24 Line 17, he is asking you what have you heard so

1 far there is some pages of -- This is about Ben
2 and Christy.

3 And your answer from Line 18 to Line 21
4 says, your answer is:

5 Well, see, I was out. I don't know what
6 you want me to get into. I was -- I
7 have been out on medical leave because
8 in December of last year I ran into a
9 code and my meniscus uprooted and
10 actually turned.

11 **A It should be torn, but okay.**

12 **Q** Fine.

13 And that's one of the reasons we are
14 going to do this because I want to make sure that
15 certain of these words.

16 But you remember giving that answer;
17 right?

18 **A Yes.**

19 **Q** Then you go on to say:

20 The surgery was authorized in June so I
21 got back to light-duty aspect as of the
22 beginning of this month.

23 So that's on Page 4, Line 1.

24 That would have been in September;

1 right? So September 5 is when you came back?

2 **A Yes.**

3 Q Then you say:

4 But the rumors have been that there was
5 some type of inappropriate relationship
6 possibly and that Ms. Lenhardt was
7 escorted out of the facility.

8 Right?

9 **A Yes.**

10 Q So what were the rumors that you
11 heard or were aware of at that time?

12 **A I heard that there was an OIG**
13 **investigation going on with her, which again, we**
14 **have had OIG investigations on us for things**
15 **before, so that's not particularly concerning.**

16 But then I heard it was about an
17 inappropriate relationship which of course is very
18 concerning.

19 Again, my assumption was -- initially
20 was that it was false.

21 Q Sure.

22 **A Because I had no idea that**
23 **something like that would be going on, especially**
24 **with her.**

1 Q Right.

2 A So that was my assumption at that
3 time.

4 Q Right.

5 So you heard a lot of rumors though;
6 right?

7 A Some, yeah.

8 Q Okay. Who did you hear the rumors
9 from?

10 A Mostly probably from my wife, who
11 worked here.

12 Q Okay. I don't want to delve into
13 the potential to have spousal privilege issues but
14 you did say you heard about the rumors from your
15 wife, who is also an employee at Elgin; right?

16 A She was. She is retired now.

17 Q Do you remember the first time you
18 heard the rumor from anyone?

19 A I do not. It would have been while
20 I was off, so I do not.

21 Q But it was while you were off;
22 right?

23 A I believe so, yes.

24 Q So you weren't completely

1 sequestered from all the information at the
2 facility from June 2 to September 5 because your
3 wife works there; right?

4 **A Correct.**

5 Q Who else did you hear the rumors
6 from?

7 **A The newspaper story came out. It**
8 **was on Channel 7, on CBS, on the news. I heard it**
9 **from there. And that was primarily where I got my**
10 **information from.**

11 **Still was kind of at the point where,**
12 **can this actually be real.**

13 Q So the newspaper stories and the
14 CBS stories were released on November 4, 2017 and
15 you were testifying here on September 28.

16 So what I am wondering is who else you
17 may have heard the rumors from when you were
18 answering the State Police on September 28?

19 **A At that time I was back on the unit**
20 **so people were talking, STAs, about what was going**
21 **on because she was no longer here and we had to**
22 **cover the cases over there and so that was the**
23 **discussion going on.**

24 Q Covered what cases?

1 A Her cases.

2 It would have been because we were down
3 a social worker on L Unit so part of the treatment
4 team meeting would be who is covering those cases
5 and that.

6 Q So from when you came back on
7 September 5 until September 28 the treatment team,
8 like the morning meetings, is that what you are
9 referring to is where you would have heard rumors?

10 A Usually the rumors come from, like,
11 the nurses' station. They talk about that in the
12 morning meeting about what was going on.

13 A lot of us still were like, Is this
14 actually true what we are hearing?

15 Q So what are the names of the STAs
16 that you recall spreading that rumor with you?

17 A I have no idea. To be honest with
18 you, I have no idea.

19 Q So how do you know it was an STA?

20 A They are the ones who usually sit
21 in the nurses' station talking. I guess it could
22 have been a nurse too then but those are the
23 people usually sitting there talking.

24 Q Do you recall any of the nurses

1 telling you these rumors?

2 **A I do not. I am sorry.**

3 Q So you said rumors that there was
4 some type of inappropriate relationship possibly
5 and Ms. Lenhardt was escorted out of the facility.

6 Did anyone elaborate on what the
7 inappropriate relationship was or actually what
8 happened?

9 **A No, it was all -- Everyone was**
10 **trying to figure out what it was. Nobody knew.**

11 Q So what did inappropriate
12 relationship mean to you?

13 **A Some type of physical relationship**
14 **possibly or some type of friendship or it could**
15 **have been a money transfer or it could have been**
16 **sexual. It could have been anything.**

17 I had a hard time thinking it was sexual
18 because Ms. Lenhardt is in her 50's and she has
19 kids Mr. Hurt's age so that didn't make sense to
20 me.

21 Q Right.

22 So this is on September 28; right?

23 **A Yes.**

24 Q So then the police ask you on

1 Line 8 and 9:

2 Have you ever -- What kind of
3 interaction have you had with
4 Ms. Lenhardt?

5 And your answer is on Lines 10 and 11:

6 Let's see, I came to K & L Unit, I am
7 guessing, six to eight years ago.

8 **A Uh huh.**

9 Q So do you recall whether your first
10 interaction was -- Because we are now looking at,
11 you know, between six and eight years. So this
12 was in September of 2017. Six years would have
13 been 2011. Eight years would have been 2009.

14 Do you remember, was it close to six
15 years or was it closer to eight years that you
16 interacted with Christy?

17 **A It was probably closer to eight**
18 **because I think I came over to K Unit in 2008 so**
19 **it would be closer to eight years.**

20 Q And you say that -- I think, well,
21 closer to eight. I think later on you discuss it.
22 We will get to that.

23 And then the police officer says, Okay.

24 You volunteer:

1 And she is on L Unit but we have our
2 team meetings together.

3 What does that mean?

4 **A Every morning we go through a**
5 **24-hour review of what's happened in the last 24**
6 **hours and Unit K and Unit L share a nurse**
7 **administrator and so we meet as a group and review**
8 **what has happened over that period of time.**

9 Now, if it's on Monday we are reviewing
10 what happened over the weekend as well.

11 Q Okay. So it's a morning meeting,
12 suffice it to say, with the whole team on K & L
13 Units; correct?

14 **A Right.**

15 Q I am going to point this out for
16 later.

17 So the police are asking you some more
18 precise information in these questions about
19 patients and you were concerned about giving out
20 confidential information; right?

21 The top of Page 6 there is a lengthy
22 discussion about this but your answer is?

23 **A Yeah.**

24 **I wasn't sure if I could talk about**

1 patients in the facility at that point. With the
2 State employees I didn't know what level
3 confidentiality was there regarding Mr. Hurt.

4 Q Right. You were even so concerned
5 giving out his name; right?

6 A Correct.

7 Q Okay. Now on Page 8, is this a
8 sufficient size for you to see?

9 A It could be a little bigger but I
10 can make it work.

11 Q Okay. So on Page 8 starting on
12 Line 16 the officer asks you:

13 Do you know if Mr. Hurt had any
14 interaction with Christy Lenhardt after
15 he was assigned to you?

16 Before I get to that, we have been
17 talking about when he was assigned to you. So you
18 said earlier kind of like April and May; right?

19 A Yeah, for a month from April to
20 May; correct.

21 Q So from April to May, so you only
22 had him for 30 days or did you have him until you
23 went on leave on June 2?

24 A I had him for 30 days because in

1 **May Robert Lee took over because I was**
2 **transferring my cases over because I was going on**
3 **leave.**

4 Q So suffice it to say -- And we will
5 check. I am looking for your recollection.
6 There's a lot of documentation in the records.

7 But it seems to have been that Ben was
8 kind of a short stay patient for you; right?

9 A For me, yeah, because Bob Hamlin
10 had him from I believe December before and he was
11 assigned to doing some administrative duties and
12 so I covered him for that month until Robert Lee
13 took him over.

14 Q Do you remember, was it closer to
15 the end of your time in May, like closer to your
16 leave, or was it earlier in May, if you recall?

17 A If I remember, it was earlier in
18 May. We do our staffings the first two weeks. So
19 it would have been the first or second week of
20 May.

21 Q Right.

22 So really by mid May he was no longer
23 your patient; right?

24 A Right. Correct.

1 Q Now, again when they asked you, on
2 Page 8, Line 16, 17, about your interactions with
3 Christy Lenhardt and what you know of Hurt and
4 Christy's interaction, your answer starts on Line
5 19 and ends on Line 24.

6 Could you read that just to make sure
7 the wording is correct?

8 A Yes.

9 Well, we do have our morning meetings
10 and each month we have -- each month we
11 have meetings with the K or the -L Unit.
12 So one month will be everyone on K & L
13 go to L unit and the next month we will
14 all to go K Unit. So there is a
15 potential for interactions because we
16 are walking on the two units.

17 Q So you were describing when it
18 would have been appropriate -- Let me ask -- I
19 will back up -- a bit of foundation.

20 So these morning meetings, they happen
21 everyday; right?

22 A Well, except for Saturday and
23 Sunday, but yeah, workdays.

24 Q Right, every workday.

1 So while the morning meetings are being
2 conducted the treatment teams from L and the
3 treatment teams from K are combined with nursing,
4 who has both units; right?

5 **A Correct.**

6 Q And this month leapfrogging between
7 the units, does that mean one month you will have
8 the morning meetings on K Unit and on a different
9 month you will have the morning meetings on L
10 Unit?

11 **A Yes, correct.**

12 Q So that's what you are referring to
13 here; right?

14 **A Yes.**

15 Q So the leapfrogging of the units
16 means that interaction between Ben Hurt and
17 Christy Lenhardt on K Unit was -- there was a
18 potential for that, because Christy, at the
19 morning meetings, would have to come from L Unit
20 to K Unit; correct?

21 **A Correct.**

22 Q So that was a potential for them to
23 interact?

24 **A Yes.**

1 Q So did you ever see Christy and Ben
2 interacting at a morning meeting or immediately
3 before or after a morning meeting when the
4 meetings were on K Unit?

5 A **Not that I recall.**

6 Q And it would have been impossible
7 for them to interact at the morning meeting time
8 on L Unit because Ben had been transferred to K
9 Unit in December of 2016; right?

10 A **Correct.**

11 Q So the patients aren't allowed to
12 go through the stem between the units and freely
13 walk around both units; right?

14 A **Sometimes we have groups that occur**
15 **on different units and patients from one unit will**
16 **come to another.**

17 Q Right. I am only talking about
18 morning meetings.

19 A **Morning meetings, no.**

20 Q Right. Okay.

21 On Page 9 -- This is kind of a
22 continuation of your answer about the morning
23 meetings.

24 He just says, Okay.

1 And then it looks like starting at Line
2 2 until Line 10 -- could you read that to make
3 sure the wording is correct?

4 **A Sure.**

5 Now, there was -- Again, I was not on
6 duty when this happened. There was a
7 situation evidently, which I'm sure you
8 guys are aware of, where Ben ended up
9 locked in the office, in Bob Hamlin's
10 office with Christy and the lock failed.
11 Do you want me to keep going?

12 Q Yeah, to Line 10.

13 **A Okay. Sorry.**

14 Again, I wasn't on duty at that time so
15 I don't know what the particulars were
16 about that so that's the one time I know
17 there was involvement there.

18 Q Right.

19 It looks like Bob Hamlin, I think his
20 name is spelled Hamlin, H-A-M-L-I-N, not
21 H-A-M-L-O-N; right?

22 **A Correct.**

23 Q So we understand that the
24 misspelling is Bob Hamlin, the Social Worker on K

1 Unit; right?

2 **A That's correct.**

3 Q And you say here that you didn't
4 know the particulars, That's the one time I know
5 there was involvement.

6 And earlier you say, I wasn't on duty
7 when this happened.

8 Did you mean you were on medical leave
9 at that time?

10 **A No, I wasn't on the unit.**

11 Q You weren't on the unit when that
12 happened.

13 So can you explain how you would not
14 have been on the unit at that time?

15 **A If I have a meeting at 2:00 or**
16 **3:00 o'clock I sometimes go to the meeting to go**
17 **home or if it was after 4:00 o'clock then she came**
18 **to the unit.**

19 Q Right.

20 So when the incident occurred, either
21 because you were working elsewhere or you had gone
22 home for the day, you weren't on the K Unit when
23 it actually took place; right?

24 **A Right.**

1 Q So your answer goes on further,
2 helping them understand, from Line 11 to
3 Line 14 -- or actually it goes all the way down to
4 23. Maybe you should just read that portion so we
5 make sure the wording is correct.

6 A Sure.

7 She would come to the K Unit. Bob may
8 be able to explain this better than I
9 can.

10 The patient would transfer to L Unit.
11 Had an incentive plan because he's got
12 intellectual disabilities. Incentive
13 plans are behavior plans. We get
14 patients that have limitations, kind of
15 like work plans.

16 And so part of the reward is if he had a
17 good day he would get a snack or a pop
18 or something like that. Bob kept the --
19 that property basically, the snacks and
20 the pop, in his office. So Ms. Lenhardt
21 would come over to get the incentive,
22 incentive property from Bob Hamlin's
23 office, and then take it back over to L
24 Unit, so there would be interaction

1 there.

2 Q So who did you hear those details
3 from?

4 A The details about her coming over
5 to get the incentive?

6 Q Well, you weren't there; right?

7 A No.

8 That happened frequently because Bob
9 Hamlin's patient was transferred to L Unit but he
10 had all the snacks for the incentive program, so
11 she would come over and get the snacks for the
12 incentive program.

13 Q So you say it happened frequently
14 that she would come over from L to K to get the
15 snacks; right?

16 A Correct.

17 Q Were you aware that that was the
18 reason she came on the night they were locked in
19 the office?

20 A I assume that would have been the
21 case for it.

22 Again, her and Bob coordinated those
23 issues. That would be my assumption she came for
24 that.

1 Q So in your answer here you were
2 just assuming it?

3 You hadn't heard a rumor of that from
4 anyone?

5 A No. That would be the only reason
6 she would have been on the unit and in the office.

7 Q So that would have been your
8 assumption; right?

9 A Right.

10 Q But you never heard the details of
11 what you just identified as her coming over to get
12 snacks from any other person?

13 A Well, that's what she would do at
14 that time.

15 I am not sure what you are asking.

16 Q Well, my question is -- You are
17 answering a different question. Let me make it
18 clear.

19 Did you ever hear any other person tell
20 you the information that you gave the police
21 between Lines 15 and 23?

22 Who told you that?

23 A That she came up for behavior?

24 Well, that was the plan between her and

1 **Bob Hamlin for that, for her to come over and do**
2 **that.**

3 Q I know. I have a different
4 question than that.

5 A **Okay.**

6 Q Did someone tell you that?

7 A **Tell me that was why, no.**

8 Q So no other person ever said that
9 to you.

10 It was -- You were answering in your
11 assumption, I understand that, but I am interested
12 in knowing if there was a person who related those
13 details to you?

14 A **That was part of the plan in the**
15 **morning meeting. They talked about this when they**
16 **transferred the patient over and her. And Bob had**
17 **an agreement she would come over and get the**
18 **snacks when he met the goal.**

19 Q That's my point.

20 A **I am sorry.**

21 Q So this plan was discussed at the
22 morning meetings?

23 A **Yeah.**

24 **This is a written plan, when we transfer**

1 **a patient, yes, that plan would continue, yes.**

2 Q So this was a written plan that
3 Christy would go over the K Unit and pick up
4 the -- the --

5 A **Yes.**

6 Q You have to wait until I finish so
7 the reporter can take it down.

8 A **Right.**

9 Q So there is a written plan
10 somewhere that Christy would go over to K Unit and
11 pick up the rewards for a patient that was on L
12 that had been formerly on K?

13 A **I don't know if that part was**
14 **written.**

15 The incentive plan was written by the
16 psychologist for him to get a reward and when that
17 patient was transferred to L her and Bob
18 negotiated whatever regarding getting the
19 incentive for the individual.

20 Q Right. That's a different
21 question.

22 The question I am asking is, for Christy
23 to go over to K Unit to pick up the incentives,
24 was that written down somewhere that Christy would

1 be the person who left L Unit to go to K Unit to
2 pick up those incentives?

3 **A That would be a question for her**
4 **and Bob.**

5 Q Okay.

6 **A I don't know because Bob was --**

7 Q Yeah, I don't know is a perfectly
8 legitimate answer. I am just asking.

9 **A Okay.**

10 Q So you don't know if someone wrote
11 down, Christy will come from L Unit over to K Unit
12 to get the incentives for the patient on L Unit
13 and Bob will keep them in his office?

14 **A I do not know, no.**

15 Q Okay. So do you know who the
16 patient was -- you don't have to give me their
17 name.

18 I just want to know if you know who the
19 patient was that was transferred from K to L Unit
20 that needed these incentives?

21 **A I can see him but I can't think of**
22 **his name. I do remember him but I can't remember**
23 **his name off the top of my head.**

24 Q Do you recall if that was a patient

1 who was swapped so Ben Hurt could stay on K Unit
2 and this other patient can go to L Unit to balance
3 out the patient load on the two units?

4 **A That's possible. That's possible.**
5 **I am not quite sure but that sounds right.**

6 Q Okay. Now, you are answering here
7 because they are asking you about the incident. I
8 am only asking you about the incident as well.

9 On Line 24 you continue your answer. If
10 you could read that down from Page 9, Line 24 to
11 Page 10, Line 6?

12 **A Yes.**
13 **There's one time I saw interaction**
14 **between the two of them, where she was**
15 **outside the door and Ben was in front of**
16 **the door. This time Ben's my case.**
17 **So they were talking, and I just assumed**
18 **Ben was kind of bothering her because he**
19 **no longer was her responsibility. And**
20 **so I said, Ben, you need to leave her**
21 **alone so she can continue doing what**
22 **she's doing.**

23 Q Great.

24 So you actually witnessed a time when

1 Ben and Christy were interacting on K Unit; right?

2 A I was leaving for the day at
3 4:00 o'clock and she was coming on the unit, my
4 understanding for the incentive, and Ben was kind
5 of in her way, and I asked him to kind of step
6 aside, just let her do what she needed to do.

7 Q Right. So thank you for
8 volunteering that.

9 My question is, you witnessed it
10 personally? No one else --

11 A Yes, I did.

12 Q -- other than you?

13 A Yes, I did.

14 Q We have to make sure we take turns.
15 I know it's hard.

16 A I am sorry.

17 Q That's okay. We are working
18 together.

19 So my point is, you didn't just hear
20 this from somebody?

21 You actually observed it and made a
22 comment yourself; right?

23 A Yes.

24 Q Your comment was:

1 You need to leave her alone so she can
2 continue doing what she is doing.

3 Why exactly did you make that comment?

4 **A The one thing I know, Ben did say**
5 **he wanted to go back to L, did not want to stay on**
6 **K. So at that point I think he was trying to**
7 **somehow get some support to go back to L Unit. I**
8 **don't believe he wanted to work the MISA program,**
9 **the substance abuse program.**

10 Q Sure.

11 And this incident we are talking about
12 would have been when Ben was your patient;
13 correct?

14 **A Yes.**

15 Q So sometime between April and as
16 far out as May 15, for our discussion; right?

17 **A Let me take that back.**

18 I am not sure if he was my patient then
19 or not. I didn't say he was there, so I am
20 assuming he probably was my patient.

21 I do believe he was my patient during
22 that interaction; correct.

23 Q Right.

24 So this particular interaction would

1 have been -- If he was your patient it would have
2 had to take place between April and May when he
3 was your patient; right?

4 **A That's correct.**

5 Q As we go down on Line 10, you
6 continue your answer you just gave me from Line 7
7 to Line 13.

8 Could you read that to make sure we are
9 getting it right?

10 **A Sure.**

11 Now, on Ben's situation -- that might be
12 confusing as well -- when Ben came to
13 the MISA program he found out that he
14 didn't want to do the work. We're kind
15 of a substance abuse program.

16 He wanted to go back to L. So his
17 motivation to talk to L staff was high
18 because he didn't want to stay where he
19 was at. He wanted to go back to the L
20 Unit.

21 Q So that was something you concluded
22 yourself; right?

23 **A No.**

24 Ben told me he wanted to go back and

1 **said he didn't want to do the substance abuse**
2 **program. Because we require you to go to so many**
3 **groups. You go to self help meeting. You do a**
4 **relapse prevention plan. You do what is called**
5 **The First Step. We have very specific things to**
6 **do to complete the MISA program.**

7 Q So he told you, I don't want to do
8 the MISA program, when he was your patient?

9 A **Yes.**

10 Q Did you consider whether there were
11 any other motivations that he may have had to go
12 back to L other than the MISA unit?

13 A **He was Thieming out and didn't**
14 **really want to do any work. He just kind of**
15 **wanted to go into his max state and go home, would**
16 **be my assumption.**

17 Q So what I am wondering is, they are
18 asking you questions about the incident on K Unit,
19 where Christy was locked in the office with Ben.

20 How would it be connected that Ben not
21 wanting to go to the -- through the MISA program
22 and wanting to go back to the L Unit relates to
23 the two of them being locked in the office?

24 A **You know, it's hard to speculate**

1 because of course I wasn't there, but I do know
2 that Mr. Hamlin was having problems with that lock
3 on his door and it was reported. So the lock was
4 having problems. So that's why I am sure people
5 couldn't get in and out of it because Bob got
6 locked in there a couple times.

7 While he was -- Why he was in there,
8 there should have been no reason why he would have
9 been in there with her.

10 I have patients though that try to help
11 out. So if she asked for help, I guess it's a
12 possibility.

13 You know, if I am carrying too much
14 stuff I have patients coming up to me asking if I
15 needed stuff or if I needed anything, so it could
16 have been just a helpful gesture.

17 Q Which, if that were the case, would
18 make it something that's not so out of the
19 ordinary; right?

20 A Correct.

21 But again, I think it's bad
22 decision-making to have a patient help with you a
23 locked door.

24 Q Sure.

1 But then the police ask you on Line 22
2 of Page 10:

3 Okay. And was that unusual that they
4 were locked in a room together?

5 And your answer begins on Line 24 and
6 goes to the first two lines of Page 11.

7 Could you read that?

8 A 24:

9 Very unusual, very unusual. Again, this
10 is just what I heard. I wasn't there.
11 Very usual. We should never have a
12 patient in our office that has a locked
13 door.

14 Q Okay. Hold on one second.

15 So clearly you found it unusual that
16 they would be locked in an office; is that what
17 you meant?

18 A Yeah.

19 We are supposed to have the door
20 unlocked whenever we have a patient come into our
21 office.

22 But I also was aware his lock was
23 failing him and there's times where he couldn't
24 get it to work either.

1 Q Right. But that's not my question.

2 A Okay.

3 Q My question is, twice in these
4 three lines you say the words very unusual?

5 A Right.

6 Q So it wasn't something that you
7 viewed, in your answer at least, as routine
8 business; right?

9 A Correct. Because he was not her
10 patient and this was not her unit.

11 Q Right. And I am just curious.

12 So he was your patient in April to May.
13 Did you ever hear him express or did anyone ever
14 bring up the issue that he wanted to go back to L
15 Unit at a morning meeting perhaps before April?

16 A When he said it I brought it up at
17 the meeting.

18 Q You did?

19 A Yes.

20 Q So there was at least some level of
21 communication amongst the morning meeting team
22 that Ben didn't want to be on the MISA unit
23 between April and May; right?

24 A Yes.

1 Q Now, I am curious, the morning
2 meetings, would Christy Lenhardt have been present
3 for those meetings?

4 A **Most likely.**

5 Q And was Dr. Javed at the morning
6 meetings?

7 A **Most likely, yes.**

8 Q And Dr. Kareemi as well?

9 A **Yes.**

10 Q What about Colleen Delaney?

11 A **Their supervisor, yes, she should**
12 **have been there.**

13 Q So there were perhaps as many as 20
14 morning meetings between April and May, a month of
15 meetings. Perhaps, you know, there's
16 approximately 20 workdays in a month.

17 How many times do you think you may have
18 brought up that he just doesn't want to do the
19 work on MISA and he wants to go back to L at the
20 morning meetings?

21 A **I recall bringing it up once but**
22 **that's all.**

23 Q What did you say?

24 A **Pretty much I said that he doesn't**

1 want to do the MISA program, would like to come
2 back to L, because we always have a waiting list
3 of patients who want to do the MISA program.

4 Q So when you used the words very
5 unusual, do you find that -- and I don't want to
6 put words in your mouth -- that unusual triggers
7 some idea that there is a suspicion that maybe
8 they shouldn't have been in the office together?

9 A That would be a suspicion I would
10 have, yes, because she is not his patient.

11 Q So --

12 A Pardon me.

13 He is not her patient.

14 Q Okay. Good. Thank you for
15 clarifying that.

16 So up to this point where -- and I don't
17 know if counsel wants to stipulate to this, I
18 didn't bring these exhibits -- but the incident
19 where Christy and Ben were locked in the office
20 occurred on May 31, 2017.

21 Are you aware of that?

22 A Are you asking if I am aware of
23 that?

24 Q Yes.

1 **A I don't know what the date was, no,**
2 **but okay.**

3 MR. CECALA: Amanda, is it okay if
4 we stipulate to that date?

5 MS. KOZAR: Yes.

6 MR. CECALA: It's all over the
7 records. Thank you.

8 MS. KOZAR: That's fine.

9 BY MR. CECALA:

10 Q So by the time that Christy was
11 locked in the office, at least one time when he
12 was your patient, you told Ben, Hey, leave her
13 alone, let her do her work.

14 And what I am wondering is, had you ever
15 had a conversation, while Ben was your patient,
16 with Christy about him being -- you know, her
17 coming over and interacting with Ben?

18 **A I may have said something in a**
19 **counseling session with him about he needs to**
20 **focus on his treatment and get discharged and get**
21 **out of here but I don't have any specific**
22 **recollection of that.**

23 Q Right.

24 No, my question was, had you -- had

1 you -- during the time that Ben was your patient
2 mentioned anything to Christy about the fact that,
3 you know, Ben's interacting with you when you come
4 over to K Unit?

5 **A Would have been just the morning**
6 **meeting comment that I said that he wants to come**
7 **back to L, that I recall.**

8 Q So is that the same as interacting
9 with Christy, when you are mentioning he wanted to
10 go back to L?

11 A **Yes. I don't think I had a**
12 **specific conversation with her that I remember of**
13 **him wanting to go back but she would have been in**
14 **the morning meeting when I brought it up.**

15 Q So you would have brought it up
16 that he wanted to go back to L, as an indication
17 that there is interaction between he and Christy
18 at the morning meeting, saying, Hey, he wants to
19 go back to L, you know, Christy is interacting
20 with him, we need to get him out of here and do
21 his treatment instead of, you know, him not
22 leaving Christy alone?

23 Is that sort of the comment?

24 **A No, not at all.**

1 The comment was that he wanted to go
2 back to L because he didn't want to work the MISA
3 program.

4 We have a lot of patients that go back
5 and forth between K and L. If I go to L Unit
6 right now there's five or six patients that I had
7 that would come and talk to me as well. So it's
8 really not out of the ordinary for them to talk to
9 their past social worker.

10 Q Right.

11 But my question was, had you spoken to
12 Christy about her interacting with Ben.

13 I think you said, no, while he was your
14 patient?

15 A Not that I am aware of, besides the
16 morning meeting, no.

17 Q Right.

18 So it was brought up at the morning
19 meeting, and my question is:

20 You are talking to Christy with everyone
21 present at the morning meeting about her
22 interaction with Ben?

23 A No, I was not.

24 I was saying he wants to come back to L

1 **Unit. That was the discussion.**

2 Q So you never spoke to Christy about
3 any interactions between her and Ben when he was
4 your patient?

5 A I don't believe so; not that I
6 recall.

7 Q But you did tell Ben to leave her
8 alone; correct?

9 A Yes, I did.

10 Q And you did bring this up about him
11 wanting to go back to L while he was your patient,
12 before May 31 when they were locked in the office;
13 right?

14 A Yes.

15 I am not sure when I brought it up but I
16 did bring it up.

17 Q And then they were locked in the
18 office, which you found to be very unusual, and is
19 it safe to say suspicious in some way?

20 A Well, I don't know suspicious.

21 I wouldn't see that for myself, having a
22 patient locked in my office, but again, I knew the
23 lock was failing so it could happen. I don't
24 think it was good judgment to have a patient come

1 **and try to fix a lock.**

2 Q Just go back to Page 9 for a
3 second.

4 You are answering about telling the
5 police about the -- you know, locked in the
6 office, in Bob Hamlin's office with Christy and
7 the lock failed on Lines 5 and 6?

8 **A Yes.**

9 Q And then Line 9 you say:

10 That's the one time I know there was an
11 involvement there.

12 What did do you mean by an involvement?

13 **A They were alone in an office**
14 **interacting with each other.**

15 Q That's my point. Isn't that
16 somewhat suspicious?

17 **A It would be, in the course of the**
18 **locked office, but again, I have talked to some of**
19 **my patients on other units as well, but to be in**
20 **the office like that, that was a bad choice, in my**
21 **opinion. I wouldn't do that.**

22 **If I have a patient on my unit that**
23 **belongs to another social worker I don't usually**
24 **bring them in my office without having the other**

1 **social worker involved. There is too much**
2 **potential for splitting.**

3 Q What does splitting mean?

4 A **That's when one patient tries to**
5 **get something -- doesn't get one thing from their**
6 **counselor, might try to go to somebody else to get**
7 **it, to try to split staff, as it's referred to as.**

8 Q So on Page 13, starting on Line 8
9 the police are asking you:

10 Now again, the fact -- I mean, the
11 chance that they would have any type of
12 interaction -- granted at that point in
13 time when this thing happened with the
14 door being locked and them being locked
15 in this office, they're -- I mean, based
16 on what you're telling us, is that there
17 was no legitimate reason for them to
18 being interacting whatsoever.

19 Line 15 is your answer. Could you read
20 your answer?

21 A **Line 15:**

22 **There shouldn't be, no.**

23 Q He goes on to say:

24 Because he was no longer a patient of

1 hers?

2 And then your answer?

3 **A That is correct.**

4 Q So if there is no legitimate reason
5 for them to be interacting wouldn't them not
6 merely being -- you know, interacting and talking,
7 where Ben is bothering her, but then them being
8 locked in the office together, raise any suspicion
9 at all?

10 **A Well, that's what Bob Hamlin, her**
11 **supervisor, and the administration was to look at**
12 **in that situation. Security was there. They had**
13 **to post men outside type of thing, so yeah.**

14 Q So your answer is, yeah, it would
15 raise suspicion?

16 **A Yep.**

17 Q So on Page 15, Line 17, the police
18 ask you:

19 So based on this particular incident --
20 And I know you indicated that you were
21 not here --

22 You answer:

23 Correct.

24 **A Yes.**

1 Q This is what it looks like when
2 people talk over a recording.

3 So he continues his question between
4 correct.

5 -- when this happened?

6 So you are not here when this happened?

7 **A I was not.**

8 **Sorry.**

9 Q That's okay.

10 You were on medical leave. We clarified
11 that. You were not at the facility when the
12 incident in the office happened.

13 Then he goes on:

14 But then again taking into consideration
15 the circumstances, was there any
16 legitimate reason -- based on your
17 understanding of him being a patient,
18 Ben, and Christy as a social worker --
19 was there any reason whatsoever that you
20 could have thought of or can think of
21 even now for them to have interacted on
22 that day?

23 Can you read your answer which begins at
24 Line 3 and ends at Line 6?

1 **A Okay.**

2 The only thing I can think of, well, for
3 him to be in the office like that, no,
4 there's no reason that he should be in
5 the office of someone that he is not
6 working with.

7 Q So the answer there is:

8 The only thing I can think of -- Well,
9 for him to be in the office like, no.
10 There's no reason that he should be in
11 an office of someone that he's not
12 working with.

13 And the officer says, Okay.

14 And then three lines, Lines 8 through
15 10, can you read those?

16 **A Yes.**

17 Now, is he trying to talk someone into
18 getting him to go back to that unit?

19 That could be a possibility.

20 Q So is this something that you were
21 concluding for yourself based merely on the fact
22 that he wanted to go back to L Unit; right?

23 **A Yes.**

24 Q And the suspicion of them being

1 locked in the office, it never occurred for you
2 that he may have wanted to go back because he
3 wanted to be with Christy; did it?

4 **A Not in a physical way, no, but as a**
5 **social worker they had three and a half years, I**
6 **think, together, so they developed a clinical**
7 **relationship, but nothing physical.**

8 **And L Unit was a lot easier to**
9 **maneuver/manage than the MISA program is on K**
10 **Unit.**

11 **Q Well, that's not my question.**

12 **My question is:**

13 **Was this something, based upon your**
14 **answer, that it wasn't just some other staff he**
15 **was splitting with. It was Christy. You already**
16 **cautioned him to leave her alone. You already**
17 **brought it up at the morning meeting. Then they**
18 **are locked in an office. You said it was very**
19 **unusual.**

20 **And I am trying to understand whether**
21 **you had any other suspicion of any kind, not just**
22 **that they were having sex.**

23 **Did you have another suspicion based**
24 **upon all that information that you have already**

1 given to the police so far?

2 **A Just that he wanted to go back to L**
3 **Unit.**

4 MR. CECALA: Hold on one second.

5 EXAMINATION

6 BY MR. KRETCHMAR:

7 Q Drew, I have a quick question.

8 You said that even as late as April or
9 May when Ben was your patient he still wanted to
10 go back to L after having been transferred in
11 December; right?

12 **A Correct.**

13 Q Why was he kept on K, if he didn't
14 want to be there and there was a waiting list for
15 people who did want to be there? Why was he kept
16 on K?

17 I mean, it interfered not only with his
18 treatment but that of other people; right?

19 **A Correct.**

20 **We don't make decisions on who gets to**
21 **transfer. We just make recommendations when it**
22 **comes down it.**

23 **He still needed substance abuse**
24 **treatment so he would have hopefully benefited**

1 from staying on K but that wasn't my decision to
2 make.

3 Q Whose decision was that?

4 A That's usually the administration's
5 decision.

6 Q Oh, by the way, you say it's
7 usually the administration's decision. Was it the
8 administration's decision in that instance?

9 A Administration always has to
10 approve any type of transfer.

11 Why he was he transferred to K wasn't
12 done through me. That was done through the
13 treatment team talking with the administration.

14 Q And why he was not transferred
15 back, is that the same issue though, that's
16 something that administration would have --

17 Would the administration have said, no,
18 don't transfer him back?

19 A They could have in that respect.

20 But it was just brought up he wanted to
21 go back to L and I brought up we have patients
22 wanting to come onto the K Unit but they decided
23 to keep him there. They could have been the
24 doctor, nurse administrator or the administration.

1 MR. KRETCHMAR: Thank you, Drew.

2 EXAMINATION

3 BY MR. CECALA:

4 Q So at the bottom -- I am looking at
5 the bottom of Page 19, Line 17 -- the police are
6 still talking about this incident.

7 So the question is:

8 In terms of -- because if we ask
9 somebody "well, it's because I was
10 here." Again, that answers the
11 question, because again, you are talking
12 about gathering something for a
13 different patient -- like Christy is
14 gathering something for a different
15 patient.

16 And you answer:

17 Off of the unit.

18 Christy was off of her unit; right?

19 **A That's correct.**

20 Q And the police ask:

21 And here is the patient who is in the
22 room who shouldn't even be in the room
23 because he's not even on that plan.

24 I think he is meaning the incentive

1 plan; right?

2 Is that how you interpret it?

3 **A Yes.**

4 Q You answered:

5 Right.

6 **A Yes.**

7 Q The question is:

8 Nor is he even your patient?

9 You answer:

10 Correct.

11 **A Yes.**

12 Q Then the police make a statement:

13 So there's many reasons why he shouldn't
14 have been there?

15 You answer:

16 Uh huh.

17 **A Uh huh.**

18 Q So can you think of the reasons
19 that -- So what are the many reasons he shouldn't
20 be in there?

21 **A Well, of course he doesn't have --**
22 **He is responsible for -- Another clinical team is**
23 **working with him.**

24 **He is in an office with her, evidently**

1 with a failed lock system which means the door was
2 closed, and that should never happen.

3 So those are -- Like you said, he wasn't
4 part of the incentive program so he had no reason
5 to be in there.

6 Q Right.

7 So it isn't so simple as the lock didn't
8 work, because if they were working on the lock
9 they could have locked the door and locked
10 themselves out of the office as well; correct?

11 A Right.

12 Q In fact, if they were working on
13 the lock, you know, I don't know, just
14 commonsense, I guess. You know, you're trying to
15 work on a lock. You might want to have both the
16 doorknob outside and the doorknob inside so you
17 can fiddle with the lock and see how you can make
18 it work; right?

19 If you close the door you can only work
20 on one of the sides; right?

21 A That would make sense.

22 Q And not only that, but it wasn't
23 that they were locked out, it was that the door
24 had to have closed.

1 Somebody closed the door. It didn't
2 close by itself; right?

3 **A Yes, my understanding, yes.**

4 Q So one of the two of them or both
5 of them had to go in the office and at least one
6 of them closed the door; right?

7 **A Yes, would have had to for it to be**
8 **closed.**

9 Q And then -- So that seems to
10 raise -- Just sitting here today and commonsense,
11 doesn't that raise additional suspicion about the
12 fact that of all the possibilities and reasons why
13 he shouldn't be in there, that it did occur that
14 they were in fact locked in the office together?

15 Does that give more suspicion to the
16 situation?

17 **A Yes, suspicion, as well as poor**
18 **judgment. I can't exactly say why she made that**
19 **decision, but yes.**

20 Q I will ask you this.

21 Are you aware that while they were
22 locked in the office both Ben Hurt and Christy
23 Lenhardt admitted that they had sex in the office
24 during that incident when they were locked in?

1 **A I was not aware of that, no.**

2 Q So they had to have been in there
3 long enough with the door closed, before they
4 discovered they were locked in, to at least engage
5 in -- enough time to have had a sexual encounter,
6 if they are telling the truth about the two of
7 them having sex together; right?

8 MS. KOZAR: Objection, calls for
9 speculation.

10 MR. CECALA: I will rephrase it.

11 BY MR. CECALA:

12 Q So if they walked in the office and
13 they are both telling the truth about having had
14 sex in the office when they were locked in, there
15 had to have been some passage of time between
16 closing the door and discovering that they were
17 locked in?

18 That's just commonsense; isn't it?

19 **A That makes sense.**

20 Q So going beyond the reasons why
21 they shouldn't have been in there, on Line 7 the
22 police say:

23 As opposed to reasons why he should have
24 been in there.

1 So my question is, other than Ben
2 splitting staff and Christy trying to get some
3 treats for a patient on her unit, are there any
4 other reasons he should have been in another
5 social worker's office on a unit that wasn't
6 Christy's?

7 **A He may have followed her in.**

8 **He may want some of the snacks himself.**
9 **You know, when patients see food they respond to**
10 **that as well.**

11 Q Sure.

12 But my question is, are those reasons he
13 should have been in the office or are those just
14 reasons why poor judgment or one of these other
15 excuses for them to have been together -- for them
16 to, you know, have gotten locked in?

17 What are the reasons he should have been
18 in the office with her?

19 Are there any?

20 **A Maybe if there is a clinical**
21 **question, yeah, to talk to her, because they had**
22 **such a history together. They could have been in**
23 **there asking about how things were going in the**
24 **program or maybe they were processing something**

1 **from before clinically.**

2 Q Did you ever hear that they were
3 doing that?

4 A **No.**

5 Q Did you ever ask if they were doing
6 that?

7 A **No.**

8 Q So then your answer here actually
9 is -- Could You Read it? It's Lines 8 and 9.

10 A **Answer:**

11 **Yes, I was appalled when I heard about**
12 **it. Again, to me it made no sense.**

13 Q So if someone is making up a reason
14 they could be in the office together, like maybe
15 there was a clinical reason, maybe he was fixing
16 the lock, maybe he was helping her get the snacks,
17 some other reason?

18 Is your answer to the police here that
19 those are not really legitimate reasons; right?

20 A **No.**

21 **My answer to the police here was when I**
22 **found out what was going on between them because**
23 **they are in a relationship and they are being**
24 **investigated for it because of that.**

1 Q So you are not answering that you
2 were appalled that you heard about them being in
3 the office?

4 A No.

5 I thought that was just bad decision
6 making. I didn't think that was related to
7 relationship at all.

8 Q So when the police asked you about
9 reasons why he shouldn't have been in there, and
10 then, as opposed to reasons why he should have
11 been in there, you are saying that this answer has
12 nothing to do with them having been locked in the
13 office?

14 A No, it does have --

15 After being examined by the police
16 officers, then the allegations that there was a
17 relationship, that all of a sudden stood out as
18 being a major problem.

19 Q I know. But he is not asking you
20 about that.

21 He is asking you about the reasons he
22 may or may not have been in the office with
23 Christy and you say:

24 Yes, I was appalled when I heard about

1 it.

2 Isn't that you were appalled when you
3 heard about the fact they were locked in the
4 office?

5 **A Again, bad decision-making, yes,**
6 **but I had no concept of them having a relationship**
7 **and up to this point she is being investigated for**
8 **that.**

9 Q I understand. But my question was
10 --

11 **A I don't think it was --**

12 Q Let me ask my question.

13 You say right here to the police, in
14 response to questions about them being locked in
15 the office:

16 I was appalled when I heard about it.

17 Isn't if a fair interpretation of your
18 answer to hear that Christy and a patient --
19 regardless of sexual anything that anyone may have
20 known -- that you were appalled to hear that
21 Christy and Ben, a patient, not her patient, were
22 locked in an office?

23 Isn't that what that answer means?

24 **A I think that's what it sounds like**

1 **it means but I believe it has something to do with**
2 **the actual allegations at this point in their**
3 **relationship.**

4 Q So you weren't answering the
5 question that was asked?

6 You were answering a different question?

7 A **I think I was saying I was appalled**
8 **because of what the allegations were at that time**
9 **that he had a relationship.**

10 Q And saying again to me it made no
11 sense, you weren't talking about them being locked
12 in the office that it made no sense?

13 A **Yes. It didn't make any sense that**
14 **they were locked in the office like that.**

15 Q So the back part of the question
16 pertains to the office but the first part doesn't?

17 A **Appalled is pretty strong for me to**
18 **use. I believe that was related to the**
19 **allegations of the sexual involvement.**

20 Q I mean, it's your answer. I don't
21 know. That's why I am asking you.

22 A **Yeah.**

23 Q So only the back end of the
24 question pertains to being locked in the office

1 but you weren't appalled to hear that they were
2 locked in an office together?

3 **A I thought that was very poor**
4 **judgment. I think the appalling part was what has**
5 **come out because of what happened.**

6 **Q So did you know about all of the**
7 **sexual allegations on September 28 when you were**
8 **talking to the police?**

9 **A Yes. It started out that way**
10 **saying it was a sexual relationship with them.**

11 **Q But you just told me you didn't**
12 **know they were having sex in the office when they**
13 **were locked in there; right?**

14 **A Correct, I had no idea.**

15 **Q So immediately after that the**
16 **police in Lines 10 through 14 ask you:**

17 **Did you ever have a conversation with**
18 **her regarding that?**

19 **I think he is referring -- so we are**
20 **clear -- to the incident when they were locked in**
21 **the office; right?**

22 **Is that what that means to you?**

23 **A Yes, I think so. Let me read it**
24 **again it.**

1 **Okay. Yes.**

2 Q And then he follows up with:

3 I mean, I know you weren't here.

4 **A Uh huh.**

5 Q Because you weren't there the day
6 of the locked in the office incident; right?

7 **A Right.**

8 Q Then it says:

9 But Matt and I -- meaning his partner --
10 we may not see each other on a daily
11 basis. But when I do see him I say,
12 Good morning, how are you doing, how was
13 your weekend?

14 Did you ever have a chance to talk to
15 her about that being that you're a
16 social worker?

17 Could you read your answer --

18 **A Yes.**

19 Q -- from Line 17 --

20 **A Yeah.**

21 Q -- to Line --

22 **A Yeah.**

23 Q You can't talk over me. I have to
24 finish my question; okay.

1 The court reporter won't actually see
2 these lines later, unless she takes pictures, but
3 you have to read from Line 17 on Page 20.

4 Page 20, Line 17, for the record, to Line 21.

5 Can you read that?

6 **A Sure.**

7 **Yeah, in the social workers' group I**
8 **would say to her, You don't need to be**
9 **engaging this patient because he's ours.**
10 **He's our responsibility."**

11 **Q The last two?**

12 **A Answer:**

13 **Because what patients will do is split**
14 **staff. I'm sure you guys understand**
15 **that.**

16 **Q Okay. So what is a social workers'**
17 **group?**

18 **A It's a supervision group where all**
19 **the social workers get together and talk and**
20 **review what's going on.**

21 **So the K&L social workers would get**
22 **together. We have one now once a week, where we**
23 **all meet and talk and process cases.**

24 **Q So is there only one social**

1 workers' group meeting per week or is it more
2 frequent?

3 **A One per week is usually the**
4 **standard.**

5 Q So at the social workers' group,
6 where you told Christy, You don't need to be
7 engaging this patient because he's ours, he's our
8 responsibility, who were the social workers that
9 were at that group?

10 **A That would have been Bob Hamlin,**
11 **probably Cara Wueste.**

12 Q Anyone else?

13 **A That would have been the -- I think**
14 **it was just the four of us then.**

15 Q So to make sure I understand the
16 four.

17 It would have been you, Bob Hamlin, Cara
18 Wueste and Christy; right?

19 **A I believe so.**

20 Q So the social workers' group where
21 you said this to Christy, based upon the police
22 officer's question, this would have been related
23 to the incident of them being locked in the
24 office; right?

1 **A** It could have been that or it could
2 have been the discussion they had in the hallway,
3 I don't recall.

4 **Q** The discussion they had in the
5 hallway, I am just wondering what incident is
6 that?

7 Is that a new time that they were in the
8 hallway?

9 **A** No.

10 The time where he was talking to her
11 when she was coming in the hallway and I asked him
12 to step back and let him do her job. It could
13 have been related to that, I don't recall.

14 **Q** So that would have been -- We
15 talked about that.

16 That would have been a time you were
17 Ben's social worker; right?

18 **A** Possibly, if that's when it
19 occurred.

20 **Q** So if you recall, the office
21 incident happened on May 31, and then I think we
22 showed you a document that said by noon or
23 1:00 p.m. on June 2 you were no longer in the
24 facility.

1 So was there a social workers' group on
2 June 1 where you had this conversation with
3 Christy?

4 **A I don't remember, I really don't.**

5 Q Well, was it the very next day
6 after the incident, where you told her, You don't
7 need to be engaged with the patient, he is our
8 responsibility?

9 **A It could have been. I don't**
10 **remember, I really don't.**

11 Q So just making sure I get clear the
12 timeline when you may have said that.

13 If you were kind of, I guess, warning
14 Christy, Hey, knock it off, is kind of how this
15 expression sounded -- I don't want to put words in
16 your mouth but -- Christy, knock it off, he is not
17 your patient, he is our patient.

18 Is it possible that that happened
19 earlier than the incident -- than after the May 31
20 incident, where they were locked in the office?

21 **A It's possible. Again, I don't**
22 **remember when that occurred, I really don't.**

23 Q And you don't remember if you had
24 a -- on your last day before your leave, if you

1 had a social workers' group meeting on June 1?

2 **A I don't recall. I don't know.**

3 Q You mentioned the splitting staff,
4 and at the bottom of Lines 23 and 24 the officer
5 is following up. He says:

6 And so he'll want to get something from
7 this person or that person type of
8 thing --

9 Referring to splitting staff; right -- I
10 am sorry, you said that. I apologize. Let me get
11 my notes correct.

12 Lines 20 and 21 you talk about splitting
13 staff.

14 He just said, Uh huh.

15 Then you go on to finish Lines 23 and 24
16 which goes onto Page 21.

17 Could you read Lines 23 and 24 down to
18 Line 7 -- I am sorry -- Line 5 on Page 21?

19 **A Yes.**

20 Q Do you understand that?

21 **A I think so.**

22 Q Okay.

23 **A So starting at 23:**

24 **And so he'll want to get something from**

1 this person or that person type of
2 thing.

3 So no, he was my patient. So everything
4 through him should go through me at that
5 time, not through anybody else, any
6 concerns. So he should not be
7 communicating with her. He should be
8 communicating with any of those issues;
9 correct.

10 Boy that sounds bad.

11 Q Right.

12 A Pardon me, I said that last
13 sentence wrong.

14 Q Right.

15 So it's:

16 He should be communicating with me with
17 any of those concerns; correct?

18 A Correct, yes.

19 Q So when you earlier referred to the
20 fact that there was something clinically going on,
21 that it was a possibility with Christy and Ben, as
22 an excuse for them to be in the office, you are
23 saying something different here.

24 Can you clarify why you say here that,

1 He shouldn't be communicating with her. He should
2 be communicating with me with any of those issues?

3 A Well, when he became our patient he
4 should run his clinical issues through his social
5 worker. When I was his social worker for that
6 month, if there were issues during the process, he
7 should have run them through me.

8 Q Right.

9 So when they were in the office there is
10 no clinical reason for Ben to be talking to
11 Christy at that time; right?

12 A There could be a crisis or
13 something going on, but that information then
14 should come back to us in the treatment team the
15 next day.

16 Q Did anyone ever tell you there was
17 a crisis when he was locked in the office with
18 her?

19 A No.

20 Q No.

21 In fact, they said he was helping with
22 the lock; right?

23 That wouldn't have been Ben's crisis;
24 would it?

1 **A Right, it's not his; right.**

2 Q Then on Line 6 and 7 the Officer
3 asks you:

4 So in the times you had, let's say with
5 a formal meeting -- kind of talking over

6 --

7 Uh huh.

8 -- with --

9 And then your answer is on Line 10 and
10 11. I am not sure I understand his question but
11 could you read your answer on Line 10 and 11?

12 **A Answer:**

13 **I would redirect all the staff. It's my**
14 **patient. He goes through me.**

15 Q So when you say you would redirect
16 all the staff, when would you be communicating
17 that to staff?

18 Was it on an individual basis or would
19 it have been at a morning meeting perhaps?

20 **A It's a morning meeting**
21 **traditionally but I could also say the same things**
22 **to my STA and my nurses, If he has issues coming**
23 **up, please run them through me.**

24 Q So those are not necessarily formal

1 meetings that you had with kind of STAs and there
2 is a bit of an informal communication line with
3 those people; right?

4 **A Correct.**

5 Q No less valuable though; right?

6 That informal communication between
7 what's happening on the unit between an STA and a
8 social worker, it's a very valuable kind of
9 business communication; right?

10 **A Yes.**

11 Q In fact, you get a lot of -- I
12 think one of the people called it intell -- from
13 the STAs about what's happening on the unit that's
14 delivered via STAs to social workers; is that
15 true?

16 **A They are on the unit 24 hours, so**
17 **yes, they get a lot of good information.**

18 Q When you say, Redirect all the
19 staff, did you ever -- Again, you mentioned one
20 time that you mentioned this at a morning meeting
21 about Christy interacting, I guess.

22 Did you ever -- Is this a different
23 instance where you were redirecting staff to say,
24 It's my patient, he goes through me?

1 **A That's pretty common for me to say**
2 **about my patients. So when they have issues, as**
3 **opposed to staff getting all concerned, I will**
4 **tell them, Refer them to me and we will keep**
5 **consistent communication.**

6 Q Right. But I am asking
7 specifically about Ben.

8 Was there any other time at a morning
9 meeting you announced to redirect the staff, Hey,
10 Ben is my patient, everything goes through me?

11 Did you ever do that?

12 **A I don't recall doing that, no.**

13 Q Then on Page 21, Lines 12 and 13,
14 the officer asks:

15 Did she ever have any type of
16 professional or personal opinions to
17 that?

18 Has she ever commented on anything?

19 Could you read your answer?

20 **A Answer:**

21 **No, not regarding -- No, I never heard**
22 **of ...**

23 Q He says:

24 Okay, I mean, that's why I bring it up.

1 You reaffirm:

2 No.

3 **A No.**

4 Q But then he gives you a better
5 example. He says:

6 For example, hey listen, I heard -- I
7 wasn't here but the other day I heard
8 what happened. Anything to that effect
9 in terms of --

10 And he trails off.

11 But you give an answer on Lines 21 and
12 22.

13 Could you read your answer?

14 **A Answer:**

15 My comment to her was, You shouldn't be
16 on the unit around this patient.

17 Q So you said this to Christy; right?

18 **A Would appear so, yes.**

19 Q And Line 23, you say:

20 I'm straight forward.

21 Which it appears that's a very straight
22 forward communication. I mean you're -- I get the
23 impression you are kind of no nonsense about this,
24 which is a good thing; correct?

1 **A Uh huh, yes.**

2 Q So my question is, when exactly did
3 you say to Christy, You shouldn't be on the unit
4 around this patient?

5 **A I have no idea when I said that.**

6 Q Do you recall, just to refresh your
7 memory, if it was in that window of time when he
8 was your patient, and you said, He is on my case.
9 And you told Ben, Hey, beat feet out of here.

10 Would you have mentioned something at
11 that time like this to Christy?

12 **A That would be most likely the time**
13 **I would say that because Ben was my responsibility**
14 **for that month.**

15 Q Could it have been before April
16 that you noticed and said something to Christy?

17 **A I don't think it would have been my**
18 **issue unless I saw something that was**
19 **inappropriate.**

20 Q Well, did you see something
21 inappropriate before April?

22 **A Before April?**

23 Q Before Ben was your patient in
24 2017 -- Here, just so we clear the record.

1 You wouldn't have done it, if he wasn't
2 your patient, unless you saw something
3 inappropriate and went to talk to her?

4 **A But I would also talk to Bob**
5 **Hamlin, her social worker too, if that was the**
6 **case, during that time.**

7 **That's something I would say when he is**
8 **my patient.**

9 Q This is something you would say
10 when he is your patient.

11 So is it your option that this statement
12 to Christy would have more likely have been during
13 the April-May timeframe when he was your patient?

14 **A Most likely, yes.**

15 Q So on Line 24 the police ask you:
16 How did she respond to you?

17 And Page 22, Lines 1 through 5, can you
18 read your answer?

19 **A Answer:**

20 Oh, like that. Again, I'm not her
21 supervisor. So I was -- Like I said, I
22 was appalled because, coming from a
23 correctional background as well, would
24 you be locked in a room with a patient

1 **that's not yours and being a female?**

2 Q So again, it's the second time you
3 use the word appalled.

4 Were you referring to them being locked
5 in a room with a patient?

6 **A Yes.**

7 Q Hang on one second.

8 So now, you just told us that you would
9 have kind of confronted Christy with the -- You
10 shouldn't be on the unit around this patient.

11 But it seems like that time was much
12 earlier than the incident that happened in the
13 office, and then you are reporting what her answer
14 was, which looks to be relating to the incident in
15 the office, where you say:

16 Why would you be locked in a room with a
17 patient that's not yours and being a
18 female?

19 So is that when you remember Christy
20 talking to you about this?

21 Was it after the Bob Hamlin incident or
22 before?

23 **A This looks like it was after she**
24 **was locked in the office with Mr. Hurt.**

1 Q So you would have talked to Christy
2 after she was locked in the office and said
3 something to her; right?

4 **A Yes.**

5 Q That would have had to have been
6 sometime on June 1 up to 1:00 p.m. on June 2
7 because this incident happened on May 31 and you
8 weren't there; remember?

9 You said you had left for the day, so
10 you weren't at work when the incident happened on
11 May 31; right?

12 **A Right.**

13 Q So this conversation you had with
14 Christy had to have occurred sometime between the
15 morning of June 1 and 1:00 p.m. on June 2 because
16 you were no longer there for 90 days after
17 June 2nd; correct?

18 **A Correct.**

19 Q Do you remember having that
20 conversation with Christy on June 1 about being
21 locked in the office?

22 **A I do not remember specifically the**
23 **day of it but that would make the most sense.**

24 Q And --

1 **A Because I do remember coming back**
2 **to work the next day after that incident, so that**
3 **would have been my best guess.**

4 **Q So right, the day after the**
5 **incident would have been June 1, and that's when**
6 **the morning meetings would have happened**
7 **potentially discussing the incident; right?**

8 **A Correct.**

9 **Q Do you recall if it was discussed**
10 **on the June 1 morning meeting that they were**
11 **locked in the office?**

12 **A I don't remember it being**
13 **discussed.**

14 **I don't know why it wouldn't have come**
15 **up though because it was a security issue so it**
16 **should have been brought up.**

17 **Q If there are security issues like**
18 **that that are brought up would they be noted in**
19 **morning meeting minutes?**

20 **A Because security was sent to the**
21 **unit is my understanding it should have included**
22 **the morning meeting report but it could have also**
23 **been in the nursing report, so I am not sure.**

24 **Q Okay. So when you were recalling**

1 what Christy said like, Oh, what did that mean to
2 you? You said, Oh, like that.

3 I can't see how you were describing the,
4 Oh, like that. What did, Oh, like that mean to
5 you?

6 **A Kind of like a disregard to my**
7 **comment.**

8 Q Right.

9 So when you say disregard, kind of like
10 fluffing it off, being dismissive?

11 **A Yes.**

12 Q Don't bother me with this?

13 **A Yeah.**

14 **Who are you? You are not my supervisor.**

15 Q Oh, okay.

16 Now, you also say here:

17 Why would you be locked in a room with a
18 patient that's not yours and being a
19 female?

20 Do you remember saying that to Christy?

21 **A I don't remember saying that. It**
22 **sounds like something I would have said because of**
23 **my corrections background.**

24 **I am sorry. Did you ask a question?**

1 Q Yeah, I said, What does that mean
2 related to your corrections background?

3 A Well, safety and security is a
4 priority in corrections.

5 If you are of course at the hospital,
6 we're not as secure, but you should not be locked
7 in a room with somebody, whether it be male to
8 male or especially female to female, the
9 vulnerability is much higher.

10 Q Do you mean, male to female?

11 A Yeah, strength difference, anything
12 can happen along those lines.

13 Q Including two people having sex;
14 right?

15 A Or someone being forced to have
16 sex.

17 Q Rape?

18 A Right.

19 Q So. When you read that and say it
20 sounds like something you may have said, obviously
21 you are telling Christy, Stay away from the
22 patient. You are telling Ben, you know, leave
23 Christy alone. And then you are specifically
24 saying Christy is a female.

1 Did it ever occur to you that there may
2 have been some boundary issue between Christy and
3 Ben, based upon what you are saying here?

4 A Not to what happened, the physical
5 relationship that happened, I never saw that
6 coming at all.

7 But again, each social worker handles
8 their patients differently and some are more
9 friendly than others and spend more time.

10 Q Right. So is that a boundary
11 issue?

12 A It can be or cannot be.

13 You know, social workers that will come
14 up and touch a patient's shoulder. For some
15 people that's a boundary issue, for some people
16 it's not.

17 There was nothing specific I saw
18 boundary violations of. It just was a situation
19 that looks like the potential for problems can
20 exist.

21 Q So male-female being locked in the
22 office, after these two instances of warning Ben
23 stay away from Christy so she can go to work, and
24 warning Christy in the office with a patient, it

1 didn't occur for you at all that there was a
2 boundary issue, regardless whether you knew or
3 didn't know they were having sex?

4 **A Boundaries are many things.**
5 **Sometimes just a friendship is a boundary issue**
6 **which can be problematic.**

7 Q Right. That's my point.

8 Is there a boundary issue then?

9 **A I don't know because I don't know**
10 **the content of the discussions.**

11 Q Well, I am not asking you to tell
12 me about the content of their discussions.

13 These are all things that you directly
14 observed yourself; correct?

15 This isn't a rumor that you heard from
16 someone else; right?

17 **A Correct.**

18 Q So your direct observation of
19 Christy needing to be told, Stay away from Ben,
20 and been Ben being told, Stay away from Christy,
21 and your statement here, which is, Being locked in
22 a room with a patient that's not yours, you being
23 a female, I am asking in that context.

24 I am not asking you to speculate on what

1 anyone else talked. This is stuff you saw.

2 A Uh huh.

3 Q Does that to you create the
4 implication of a boundary issue?

5 A It's hard to answer that, for the
6 fact that I think some people with really good
7 hearts do things to help other people, like
8 patients and that, but they put themselves in
9 vulnerability.

10 I get kind of protective. I have female
11 interns that come here and that and I try to make
12 sure it's always a safe environment.

13 So yes, it could be a boundary issue.
14 It could be a boundary violation. But it could
15 just be someone just trying to be good natured.

16 Q I mean, doesn't that seem
17 suspicious to you?

18 A I have seen her being kind of
19 social with a lot of patients. That's kind of her
20 style.

21 Q You were specifically making
22 mention of the fact that Christy was a female, and
23 there is always, who knows for sure what's going
24 on; right?

1 **A Right.**

2 Q And my question is, you brought it
3 up. I am just looking at what was said.

4 Isn't it a reasonable suspicion that a
5 male-female, knowing Christy even, there's too
6 much interaction between her and Ben, so much so
7 that you have to mention it to both Christy and
8 Ben, and then mention it to Christy in the way
9 that, It's not okay, you are female, being locked
10 in the office?

11 Doesn't that present a boundary issue
12 suspicion that their relationship is crossing a
13 line?

14 **A Yes, it's a boundary issue that**
15 **definitely is presented as a potential problem;**
16 **correct.**

17 Q That's all. It's not an I got you.
18 I just wanted to see --

19 **A Yeah, I know.**

20 Q Just commonsense, it looks like a
21 boundary issue.

22 Is that your viewpoint of it?

23 **A That's probably how I am looking at**
24 **it, yes.**

1 It could just be, you know, a flaky
2 decision being made that was a bad decision, but
3 yes.

4 Q Right.

5 A I would not recommend that behavior
6 with any of my interns. I actually would not
7 allow any of that behavior with any of my interns.

8 MR. CECALA: We are back for a
9 little bit. Randy needs to make a pit-stop.

10 Do you want to take a five-minute break
11 again and come back? I think we are good on time.

12 MR. KRETCHMAR: It's 2:30.

13 (Whereupon a recess was had).

14 BY MR. CECALA:

15 Q We were just wrapping up this
16 question about the comments on Page 22.

17 I wasn't going to ask this but I think
18 it's okay.

19 You know, after your answer about being
20 a female the officer says:

21 Not only that.

22 And then you gave an answer from Line 7
23 to Line 14. Could you read that answer, Drew?

24 A Answer:

1 On my unit where I try to maintain some
2 level of stability I hold my guys
3 accountable.

4 I get interns. I get nursing students,
5 and these guys, just like they would in
6 any other type of system, they will push
7 up on these girls and try to be tough
8 and I hold them very accountable to
9 that.

10 So if my patient is acting
11 inappropriately we're going to be having
12 some serious discussions.

13 Q I guess the point of me having you
14 read that is just getting the impression from what
15 you told the police and your testimony today,
16 would you characterize your style as kind of --
17 you are like a serious guy -- is that how you
18 would characterize yourself?

19 A When it comes to safety issues,
20 yes.

21 When people -- We have a pretty good
22 unit of guys who work the program to get
23 discharged, to get out, yes. So I am pretty
24 straightforward.

1 **These guys have done some pretty serious**
2 **things and we need to help them to make changes in**
3 **their lives, yes.**

4 Q When you say, Push up on these
5 girls, you don't mean physically push up?

6 **A No.**

7 Q You mean, acting tougher or act in
8 some way that kind pushes the buttons or the
9 limits of what's appropriate as a patient;
10 correct?

11 **A Correct.**

12 **And again, a lot of these patients are**
13 **young guys and these students come in and almost**
14 **all the nursing students are young girls, as well**
15 **as social work interns, and just maintaining**
16 **healthy boundaries and helping them maintain the**
17 **level of respect that's deserved?**

18 Q Right.

19 And again, I mean, you're -- In that
20 sense you're like the -- I don't know. Like I
21 said, I don't want to put words in your mouth.

22 You worked for DOC for four years;
23 right?

24 **A Yes.**

1 Q So that's a different environment.
2 It's probably a bit more oriented towards the --
3 These are people that are being
4 punished; right?

5 **A Right.**

6 Q And this is -- While it's a
7 hospital setting, it's still filled with people
8 who have done something wrong, perhaps even, you
9 know, violent and psychotic people; right?

10 **A Right.**

11 Q So you are there as kind of the --
12 you know, you are the guy in the group, who
13 amongst these girls, that clearly represents maybe
14 someone who is even maybe physically more of a
15 barrier to potentially some type of violent
16 outbreak or something going on in the unit.

17 If you are there, as opposed to a young
18 female nursing student, who might not be able to
19 defend herself physically, as well as you, your
20 presence on the unit communicates that to the
21 patients; right?

22 **A I hope so. Again, I have always**
23 **believed if there is a healthy structure people**
24 **can actually make progress and keep moving**

1 **forward, so yeah.**

2 Q Sure. I am not saying you are
3 there without compassion and without doing your
4 job.

5 I am saying, you are a guy, and it might
6 be that, you know, papa bear, if you will, type of
7 way of being on the unit, so that kind of making
8 sure that people play by the rules and nobody gets
9 hurt; right?

10 **A I hope.**

11 Q I'm not trying to pressure you. It
12 is what you are going for; right?

13 Maybe it's called an added benefit to
14 having a stronger -- physically stronger social
15 worker in the environment; right?

16 That's a benefit to having you there for
17 that reason; is that how you look at it?

18 **A Not necessarily.**

19 You would be surprised, sometimes the
20 women do better than the guys, because in a
21 correctional system you have males that are often
22 very aggressive, both staff and inmates.

23 And in this environment we will have a
24 50, 60 year old female as an STA, who will diffuse

1 **the system much better than some guy who is trying**
2 **to be all full of testosterone.**

3 Q Right.

4 A **So surprisingly I have seen that.**

5 Q Let me ask this. I don't want to
6 go too far afield but I am trying to understand
7 the culture.

8 That might be a cultural scene; right,
9 where the STAs -- you know, as I know, many of the
10 STAs are minorities and have a good cultural
11 communication line with a lot of patients that are
12 minorities.

13 Is that true for you as well?

14 A Uh huh, I think so, yeah.

15 I am not going to get into the
16 **environmental stuff but we definitely are not a**
17 **system that thrives on aggression and control**
18 **because it's about a hospital.**

19 Anyway, I digressed. I am sorry.

20 Q No, that's the point of my question
21 is to find out your viewpoint on the environment
22 you found yourself in, as it might pertain to how
23 it bears upon Christy and Ben as well. So that's
24 fine.

1 I am going to go to the bottom of
2 Page 22 there is a question. It starts on Line
3 18. The officer says:

4 In looking at their treatment and
5 looking at why they're here this is
6 business and the minute that maybe you
7 turn a blind eye maybe you're allowing
8 for certain types of behaviors to
9 manifest and/or to be presented.

10 He says:

11 Right?

12 Your answer begins on 23.

13 Can you read from Line 1 to the Line 9
14 on Page 23?

15 **A Yes. I said:**

16 Yeah, it's also I think a responsibility
17 if there's someone violating the rules,
18 whether it be a facility or through our
19 national standards that you cannot turn
20 a blind eye to stuff that's going on.

21 I mean, I'm probably the one who calls
22 OIG the most because I -- There is no
23 gray area. You don't --

24 The policy is clear. If someone tells

1 you something happened, you call in.

2 You don't broker it. You don't go and

3 investigate it. You call it in.

4 Q Great.

5 So I want to ask you about the call it

6 in part of this, and specifically you say, If

7 someone tells you something happened you call it

8 in, you don't broker it.

9 What do you mean by, You don't broker
10 it?

11 A That was probably a poor choice of
12 words.

13 You don't investigate it. You don't put
14 any time into verifying if it was true or not.

15 You know, I have patients that are
16 delusional and psychotic that will say things and
17 even though they are absurd we have to call it
18 into OIG. It's not our role to try to interpret
19 what they are saying.

20 Q Right.

21 So now, in terms of the interpretation
22 of what you hear from other people, if they are
23 providing you with information that leads to abuse
24 or might even be abuse -- and I will give you an

1 example.

2 One is Patient X gets punched by STA Y.
3 That would be a direct observation of abuse;
4 right?

5 **A Yes.**

6 Q And you would have to call that in?

7 **A Yes.**

8 Q Now, what if it's a little less
9 obvious; you are hearing something one time for
10 example -- and I will give a specific example.

11 For example, if Christy brought a
12 home-cooked meal into her office to give that to
13 Ben, and that happened one time, would that be
14 something that you would call in as violating a
15 patient-social worker boundary issue?

16 **A Yes, because it's setting up a dual**
17 **relationship with food and you can get permission**
18 **to bring food in but it has to be for everybody.**

19 Q Right.

20 But if you are giving a home-cooked meal
21 to one patient, even one time, based on your
22 answer here, that's something that needs to be
23 called in to OIG; right?

24 **A Yes.**

1 Q What if someone tells you, I saw
2 Christy bring a home-cooked meal to Ben; is that
3 something you feel would be -- Now, you have that
4 information.

5 As you said in your answer, someone
6 tells you something happened, you call it in,
7 would that be an instance where you would be, for
8 example, needing to call that in, having heard it?

9 **A Yes.**

10 Q So let's just say that isn't quite
11 so dramatic but -- and I will talk about
12 specifically Christy and Ben.

13 If Christy is always spending time with
14 Ben maybe she is -- Ben is in her office -- and I
15 will use this expression -- in the hour on the
16 hour, he is there all day, every hour.

17 If someone saw that and it went on for,
18 say, 20 days, and they reported that to you, is
19 that something that -- that that would be a report
20 to you that you would say, That should be called
21 in?

22 **A There would have to be some context**
23 **with that.**

24 **Is that something different than what a**

1 person does with other patients?

2 Is there a specific treatment engagement
3 plan going on, where someone -- I have had
4 patients where I meet them at the end of the day
5 everyday to reinforce their positive behavior. So
6 there has to be some context.

7 Now, if I am just spending time with one
8 patient and not my other ones, yeah, that would be
9 inappropriate.

10 Q Now, what if it was along the lines
11 of, Christy's alone in the office with Ben 20
12 times and the door is locked; is that something
13 you would apply to something happened and you
14 don't investigate it, you call it in?

15 A Well, I think we have all made
16 mistakes where the door gets locked, because it's
17 a double locking system, but 20 times in a short
18 period of time, that would definitely look
19 suspicious.

20 I would maybe say something to their
21 supervisor to investigate it but unless there is
22 something treatment-driven, specific engagement
23 plan incentive or the person is going through some
24 crisis that sounds excessive to me.

1 Q Let me ask this:

2 Is it ever okay for a social worker to
3 be locked in an office with a patient?

4 A No.

5 Q So if she was locked in the office
6 20 times, whether it was over 20 days or 20
7 months, one time being locked in the office is
8 something you would call in?

9 A I would say it depends if it's an
10 accident or not, because in that situation there
11 is a locking mechanism problem, so I wouldn't just
12 say call that in, but security was investigating
13 that, as well as Bob Hamlin so...

14 Q Right.

15 No, I am not talking about Bob Hamlin's
16 office.

17 I am talking about when Ben was
18 Christy's patient, if they were locked in the
19 office together even one time is that something
20 that -- based upon what you said here -- that if
21 someone told you Christy and Ben are locked in the
22 office, not Bob Hamlin's malfunctioning lock
23 office, her office --

24 A Yeah.

1 Q -- is that something you would call
2 in?

3 A I would have to have more context
4 to it. I don't know if I would specifically call
5 it in.

6 I would definitely talk to the
7 supervisor to see if there is something going on;
8 is she just being forgetful about the lock or is
9 it something deliberate.

10 Q So this is an instance where you
11 would investigate it?

12 A You definitely want the supervisor
13 to look into what's going on here.

14 Is this poor training or is this
15 deliberate because at this point there has been no
16 alleged abuse.

17 Q It's just a rule violation; right?

18 A Correct.

19 Q Well, what if it happened ten times
20 over one year, is that something that would rise
21 to a level of suspicion, where you don't want to
22 investigate and the circumstances don't really
23 matter any more? She is locked in the office.
24 It's now the tenth time, that's it, I am calling

1 it in.

2 Would that be a circumstance that you
3 would do that?

4 **A If my suspicion was -- again, I**
5 **don't have any facts to back it up -- was that**
6 **something inappropriate was going on, yes, most**
7 **definitely.**

8 **If it's just not unlocking the door,**
9 **that would be more of a rule violation she would**
10 **have to process with the supervisor of**
11 **administration.**

12 Q Well, if she is not locking the
13 door with all of her patients and she is just
14 locking it with Ben, is that enough suspicion to
15 call it in?

16 **A That would raise some questions to**
17 **it, yes, that could be called in.**

18 Q So again, there is the question
19 about Christy on Page 25, Lines 10 through 12.

20 The officer says:

21 Uh huh.

22 In the time that you have been here, how
23 many years did you work hand in hand
24 with Christy?

1 Lines 12 and 13 are your answer. Could
2 you read that?

3 **A Answer:**

4 **Since I have been on K & L Unit I'd have**
5 **to look specifically. It's probably six**
6 **to eight years.**

7 **I think it's probably closer to nine**
8 **years, as we look back at that though.**

9 Q So it's closer to nine years?

10 **A Eight to nine, I think, yes.**

11 Q Right. So in 2017 that would go
12 back to 2008?

13 **A Yes, I believe that's when I came**
14 **over to K Unit.**

15 Q Okay. And this would have been
16 interactions that -- Because he goes down and he
17 says on Line 16 and 17:

18 Were you having at least day to day,
19 week by week interactions with her on a
20 professional level?

21 And your answer is:

22 Treatment team meetings; correct.

23 So the treatment team meetings you are
24 answering there, is that the morning meetings you

1 are talking about?

2 **A Yes, it is.**

3 Q So I don't know, I'm not doing the
4 math off the top of my head easily, but you know,
5 if it's 5 days a week, 50 weeks over 8 years,
6 somewhere in the neighborhood of 2,000 morning
7 meetings that you would have attended, give or
8 take, days off, daytime sick, somewhere around
9 2,000 times you were able to have a morning
10 meeting, where you and Christy were in the same
11 meeting that morning; right?

12 **A Yes.**

13 Q Was she from your personal
14 observation an emotional person?

15 **A No.**

16 Q Did she display her emotions
17 easily?

18 **A The only time I saw her break down**
19 **was that incident in 2014 when she was crying.**

20 **Emotional person, I am not sure what**
21 **that means.**

22 Q Let me clarify for you. I don't
23 mean emotional, just speculation.

24 Someone who is displaying emotion,

1 tearing up, essentially -- you know, essentially
2 displaying how they feel, not able to conceal what
3 their emotional state is; is she someone like
4 that?

5 **A Not really, no.**

6 Q So it would be unusual then over
7 your interactions for her to show her emotion, if
8 she wasn't really that way; right?

9 To put those on display for everyone to
10 see?

11 **A Right.**

12 Q Did you ever see her cry?

13 **A One time when she came in my office**
14 **we spoke of before.**

15 Q You never saw her cry at any other
16 time at a morning meeting or in your work
17 experiences with her?

18 **A Not that I recall.**

19 Q If you can recall the morning
20 meeting period between December -- late December
21 of 2016 and early January of 2017, this is the
22 time period immediately after Ben Hurt was
23 transferred from L Unit to K Unit.

24 Do you recall that timeframe?

1 **A I am always off the last two weeks**
2 **of December.**

3 Q So it wouldn't have been until --
4 So the last two weeks in December, from the 15th
5 to the 31st exactly, or do you come back --

6 **A It could be the 17th to the 3rd.**
7 **It depends how the days fall in line.**

8 Q Okay. So you always take those two
9 weeks off every year?

10 **A Yes.**

11 Q So suffice it to say 2016 would not
12 have been an exception to that rule, in your
13 recollection?

14 **A Not in my recollection, no, that's**
15 **time that I have with my kids and family.**

16 Q Okay.

17 **A And I save my personal days for**
18 **that time.**

19 Q So you wouldn't have really seen
20 Christy at any morning meetings then until after
21 the 1st of January, 2017 sometime, which is
22 immediately after Ben was transferred from L to K;
23 right?

24 **A Right.**

1 Q When you were there in early
2 January did you ever notice Christy displaying
3 emotional -- being emotionally upset at the
4 morning meetings?

5 A **I don't recall any time, no.**

6 Q Did you ever see her cry at morning
7 meeting?

8 A **Not that I recall.**

9 Q During that time, January of 2017,
10 do you ever recall her voicing an objection to Ben
11 not coming back from K Unit to L Unit?

12 A **No, I don't recall that, no.**

13 Q We are down to Page 29.

14 This is good. You can still read it
15 right; Drew?

16 A **I think so, yeah, I am getting a**
17 **little closer, but yeah.**

18 Q Okay. So at the top of the page, I
19 will summarize this, reading quickly: The officer
20 saying:

21 We're trying to create a predisposed
22 notion of what there is and what there
23 isn't, either it did or it didn't
24 happen, and the truth and the facts will

1 obviously stipulate that.

2 Now, I think here he is talking about
3 whether or not Christy and Ben actually had sex?

4 **A Okay.**

5 Q On Line 5 he says:

6 We also have to take into
7 consideration -- I think it's also
8 important to take into consideration
9 professional, again interactions,
10 perceptions and even then an opinion,
11 because like you just said, you know, no
12 one can take away from the fact that you
13 yourself, based on the allegation, if
14 it's true, you're appalled.

15 And you answer:

16 Yeah.

17 So he's asking you whether or not you
18 were appalled by the allegation; right?

19 **A Right. Appalled that this occurs**
20 **that someone would be taken advantage of at this**
21 **level.**

22 Q So when you say appalled about the
23 allegation, what were you thinking specifically
24 the allegation was -- and I apologize if I am

1 asking you to be a bit graphic -- but what exactly
2 would make that rise to the level of appalling?

3 A First of all, our patients are in
4 our custody and they are considered patients and
5 that's taking abuse or advantage of them. It's
6 abusive to them.

7 We have power over them because we are
8 their caretakers. We are their clinicians.

9 It violates everything within the social
10 work efficacy, the rules, the ethics. I think
11 it's appalling that someone would actually do
12 that.

13 In addition, I'm sure -- because it
14 caught me offguard -- it still doesn't make a lot
15 of sense to me why a 50-some year old woman social
16 worker would be involved with someone the age of
17 their own kids. So that's the combination of
18 things that I really struggle with and it's
19 horrible that it happened.

20 Q Right. But I am asking a different
21 question.

22 I understand the nature of it that --
23 what you just described but the allegation is what
24 I am interested in finding out about.

1 **A Yes.**

2 Q So what does the allegation mean to
3 you?

4 **A That they had sexual intimate**
5 **relations with each other.**

6 Q Do you have any idea what kind?

7 **A No idea.**

8 Q Were you thinking of something when
9 you were being asked about the allegation and
10 giving these answers as to what kind of sex?

11 **A Just the idea of regular physical**
12 **sex.**

13 Q On Lines 18 and 19 of the same
14 page, 29, we were just talking about this with you
15 and you are kind of going on -- Actually, can you
16 read from 18 to 21?

17 **A Yes.**

18 **It's criminal, it's unethical, it's**
19 **illegal. I don't know where you want me**
20 **to start. It goes against every moral**
21 **and value of the Social Workers' Creed,**
22 **our ethical standards are.**

23 Q So that's the other part of the
24 allegation that's appalling; right?

1 It goes against all these standards;
2 right?

3 **A We work so hard as social workers**
4 **to help other people and that is disgraceful but**
5 **...**

6 Q Right.

7 And the reason I am asking is, this is a
8 secure psychiatric facility, where patients are
9 monitored constantly, and then there is the
10 intimate environment of two human beings engaging
11 in sex; right? Those two things seem to be
12 incongruent.

13 Do you understand what I am asking by
14 that?

15 **A Well, they should be mutually**
16 **exclusive from each other; right?**

17 **Is that what you are saying?**

18 Q Well, yes.

19 **A It shouldn't happen.**

20 Q It shouldn't happen.

21 But in addition somehow -- I apologize,
22 I didn't write this question down very precisely
23 because I am trying to discuss it with you and I
24 don't want to have a discussion. It's my job to

1 ask questions good questions. But here is my
2 question, I guess.

3 My analogy, people go to war. I spent
4 nine years in the military and it's just an
5 inhumane place, war. Nothing about it that's
6 remotely attractive. It's war. It's dirty and
7 bloody and hard. And there is the environment of
8 war.

9 And by analogy there is the environment
10 of a secure psychiatric facility, where on any
11 given unit somewhere north of 20 to 25 people who
12 are mentally ill and psychotic are being treated
13 for mental illness, that may have murdered or
14 raped or committed some heinous crime.

15 That's the environment or am I
16 exaggerating the environment?

17 **A Well, you are accurate in**
18 **identifying the crimes that brought them to us.**

19 **Unfortunately I don't necessarily see --**
20 **Most of my patients I see with just lots of trauma**
21 **and most of them when they are stable are some of**
22 **the nicest people you will ever meet.**

23 **So it's that combination of hospital**
24 **versus a feeling of a forensic facility that has**

1 to have some type of structure for safety.

2 I am not sure I am answering your
3 question.

4 Q No, that's a fair characterization
5 to begin to answer my question.

6 Because I have read through 40, at
7 least, interviews that the officers also have a
8 difficult time when it comes to this point in all
9 the interviews, trying to understand how in a
10 secure psychiatric facility two people found some
11 way to engage in a sexual relationship.

12 So what I am trying to get at is
13 something similar here, which is, you know,
14 where -- I tried to ask the question another way.

15 Maybe I will just ask what the police
16 asked on Lines 22 through 24 the officer asks you:

17 After you have said, Understood, this is
18 an environment where this is repulsive
19 to you -- I am using that word it's not
20 yours.

21 But on Line 22 he says again:
22 Based on your interactions with her,
23 Christy, was there ever a time that you
24 thought that there was something that

1 was -- and I don't mean sexual?

2 You answer on the top of Page 30:

3 Yeah.

4 But did you firsthand ever witness --

5 And I know, I am not trying to put you
6 in a situation where like, "Now, you're
7 telling me to say something that, you
8 know, if I saw technically I should have
9 reported it.

10 Not so much so because we're here --
11 We're not trying to get anyone in
12 trouble. We are just trying to gather
13 information pertaining to, again, her
14 interactions with patients.

15 Is there anything to validate or
16 generalize what's being alleged?

17 And so the question is:

18 Was there ever a time where you may have
19 witnessed something, where you just
20 thought like quote, Wait, what's going
21 on here?

22 And you begin your answer at Page 30,
23 Line 14 to 23. Could you read that?

24 **A Yes.**

1 Now recounting a patient, there was an
2 episode where me and the Nurse Manager
3 Colleen Delaney and something happened
4 with a conflict with them.

5 Ms. Lenhardt had an intern. Now, we
6 have interns as social workers. If
7 you're licensed you have an intern. And
8 eventually --

9 sorry, it's a little hard to see.
10 They were in Ms. Delaney's office and
11 Ms. Lenhardt was kind of crying, very
12 emotional about something and her intern
13 was with her, and this is like a new
14 intern, a couple weeks in, and I heard
15 about that.

16 Well, then Ms. Lenhardt told me
17 something about -- I think it was some
18 family problems that she was having and
19 was upset about that, with her intern
20 there.

21 I told her, At this point this is not
22 appropriate to have your intern be part
23 of this discussion.

24 Oh, it's okay, she knows about it.

1 Do you want me to keep reading?

2 Q Yes.

3 A Okay.

4 At that point I spoke with Bob Hamlin,
5 the Social Worker 3, and Peggy Gimbel.
6 Peggy was in charge of disseminating
7 interns and recommended that I don't
8 think she should have an intern at this
9 point because of how she was responding
10 at this point.

11 Q So this is an instance where
12 Christy was crying about some problems she had at
13 home in this secure psychiatric institution and it
14 went so far as to mentioning it to her supervisor
15 and to Bob and to remove an intern from her, where
16 clearly she was crying about something in front of
17 the intern and for the intern's protection and
18 everyone's the intern was removed; right?

19 A Well, that was the recommendation I
20 gave them.

21 Eventually the intern was removed but I
22 wasn't part of that decision-making. I was just
23 concerned what she was going through was not
24 appropriate to have an intern go through.

1 Q Right.

2 But this is an instance where Christy
3 was crying that you mentioned before?

4 A Right.

5 Q There is an intimacy to Christy
6 sharing that information even with you, I guess;
7 right?

8 A Well, she shared it with Colleen
9 Delaney first and then she ended up in my office.
10 I am not sure if Ms. Delaney referred her to me or
11 not.

12 Because Bob Hamlin, the Social Worker 3,
13 would be the one that usually would handle this.
14 He also is the EAP guy for the area so that would
15 have been the appropriate person to go to at that
16 time.

17 So when she came in my office and
18 started telling me the story that is when I said,
19 This is really not appropriate for the intern to
20 be part of this, and she said, She knows the whole
21 story anyway.

22 Q Right. So this was a big deal;
23 wasn't it?

24 A To me it was.

1 Q The big deal wasn't even involving
2 a patient; right?

3 A **Right.**

4 Q So showing that level of emotion is
5 something that should never be done in front of a
6 patient; correct?

7 A **That's correct.**

8 Q Let alone an intern?

9 A **I guess theoretically you could be
10 sad when a patient is sad, if they had a loss, and
11 maybe have some tears as a reaction to that, but
12 for the most part over personal stuff, no.**

13 Q I think later is when you tell the
14 police, Lines 23 and 24 of Page 31:

15 It's not a good learning experience for
16 the interns. It's about the interns at
17 that point, the experience. I don't
18 believe it was patient related. I
19 believe it was home related, you know.
20 But it was just she was getting
21 overwhelmed which people do.

22 Right?

23 A **Yes.**

24 Q Going to switch to another exhibit

1 and we will come back to this.

2 Can you see that one?

3 **A Yes.**

4 Q Have you seen this before?

5 **A Yes.**

6 MR. CECALA: It's Exhibit No. 4.

7 (Exhibit 4 marked.)

8 BY MR. CECALA:

9 Q Do you know what this is?

10 **A Responses that I had to give**
11 **regarding questions.**

12 Q Okay. And we will go to the last
13 page really quick.

14 So do you see this Page 8?

15 It says:

16 Verification: I, Andrew Beck, Defendant
17 in this matter, hereby verify that the
18 above responses are true and correct to
19 the best of my knowledge and
20 recollection.

21 Signed August 27, 2020.

22 Is that your signature?

23 **A Yes.**

24 Q If you want to, I can show you all

1 of these but I am going to go through a couple of
2 them.

3 So it says Interrogatory No. 24, can you
4 see that?

5 **A Yes.**

6 Q So this asks:

7 Set forth your past relationship or
8 interactions with Christy Lenhardt or
9 other dealings or encounters that have
10 had to do with Christy Lenhardt.

11 Do you recall answering that and
12 creating this answer that follows?

13 **A Yes.**

14 Q So were you friends with Christy?

15 **A Not particularly, no.**

16 Q So --

17 **A You know, social in a facility but
18 not friends. We didn't do things together.**

19 Q So you didn't socialize outside of
20 work with her?

21 **A We had a couple like intern
22 parties, where our interns would be in their last
23 week and we would go out to lunch with them and if
24 she had an intern she would come with. There was**

1 a couple Christmas parties, I think, where she
2 attended, but specific with her and me, no.

3 Q Those were all work-related
4 functions; right?

5 A Right. Correct.

6 Q You didn't socialize with her in
7 any way outside of work-related functions or work
8 itself?

9 A Correct.

10 Q So this answer describes the answer
11 you provided to the police and in the answer -- I
12 am going to try to pick out a proper sentence.

13 It's starting -- Do you see where my
14 curser is, it starts:

15 Defendant does recall.

16 A Yes.

17 Q It says:

18 Defendant does recall an incident in
19 August of 2014 after which he requested
20 that his supervisors intervene. The
21 incident occurred when Lenhardt showed
22 up in defendant's office with her
23 intern.

24 Lenhardt was crying and very upset. She

1 told defendant that her adult son was
2 out of control at home and that he had
3 thrown cat litter on her bed and
4 destroyed property in her home.

5 The defendant advised Lenhardt that she
6 should not be discussing such
7 information in front of her intern.

8 Lenhardt responded that it was okay
9 because the intern already knew about
10 the situation.

11 Defendant recommended that Lenhardt
12 contact the local police and speak with
13 her supervisor Robert Hamlin.

14 Then immediately after this incident
15 defendant requested a meeting with two
16 supervising social workers, Robert
17 Hamlin and Peggy Gimbel, and with
18 Dr. Joanne Langley.

19 The meeting took place on August 26,
20 2014, during which defendant discussed
21 his opinion that Lenhardt should not be
22 supervising interns while having
23 personal issues.

24 Defendant believes that after this

1 meeting Lenhardt's intern was reassigned
2 to Peggy Gimbel for the completion of
3 her internship; however defendant was
4 not involved in any decisions regarding
5 the reassignment.

6 I think that summarizes somewhat what
7 you already said; right?

8 **A Yes.**

9 Q How do you know the meeting was
10 August 26, 2014?

11 **A Because I had the meeting with**
12 **Ms. Gimbel and Mr. Hamlin. That was my meeting**
13 **with them.**

14 Q No, I understand that's the case.
15 My question is, how did you specifically
16 recall August 26, 2014 out of all the other
17 possible dates?

18 **A I found an email.**

19 Q Oh, you found an email.
20 So do you have that email?

21 **A It was sent to my attorney's**
22 **office.**

23 MR. CECALA: Amanda, another
24 situation, could we have a copy of the email,

1 redacted, if necessary?

2 MS. KOZAR: Yes.

3 MR. CECALA: I haven't found that
4 email in any of the ASIs.

5 MS. KOZAR: I will look through and
6 figure that out.

7 BY MR. CECALA:

8 Q So here you were able to recall
9 that because you gave an answer here where you
10 searched records.

11 Where were you searching your records?

12 A Just by emails.

13 Q Just your emails?

14 A Uh huh.

15 Q So you were able to have the
16 untrammelled memory of that date because you were
17 looking at an email that was sent rather than just
18 recalling from the top of your head?

19 A Correct.

20 I had really no idea how long ago that
21 was so I had to go look for it.

22 Q Suffice it to say, what you have
23 described in August of 2014 is that Christy was in
24 some type of personal overwhelm; right?

1 **A Yes.**

2 Q And it was clearly something
3 happening at home, at least according to what she
4 reported, regarding her son?

5 **A Yes.**

6 Q I am going to come back here for a
7 second.

8 On Page 33, starting at Line 4 the
9 officer asks you:

10 Have you ever heard of any other type of
11 rumors pertaining to her -- Christy's --
12 involvement with any other patients,
13 whether it be, you know, positive,
14 negative, that would suggest -- and I am
15 not talking about sexual activity --
16 just something that was maybe
17 illegitimate.

18 Do you recalling him asking that
19 question?

20 **A Not necessarily, but okay, yes, I**
21 **can see it.**

22 Q Okay. And then from Line 11 to 19
23 could you read your answer?

24 **A Yes.**

1 She is very good at writing,
2 documenting. She is very passionate
3 about her patients, you know.
4 But an unhealthy, relationship-wise,
5 occasionally you'll have patients
6 complain that they want more time with
7 their social worker but that's -- I
8 don't think that was specific to her.
9 We always have patients that want -- Why
10 don't you give me more time, as much
11 time as someone else -- so that I guess
12 could have come up at times.

13 Q So the officer's question was
14 asking you to look at things that might not be
15 legitimate about Christy's behavior; correct?

16 A Yes.

17 Q Never asked you whether she was
18 spending too much time with a particular patient;
19 did he?

20 A No.

21 Q But when he asked you that, you
22 volunteered that occasionally patients complain
23 because they want more time with their social
24 worker.

1 Were you talking about Christy having
2 more time with someone, because then you say, I
3 don't think it was specific to her?

4 Were you talking about Christy though?

5 A Not necessarily. We get this where
6 certain patients can monopolize your time because
7 of their needs and the patients who are trying to
8 work on their program get upset because they want
9 more time with you. So that could be a conflict
10 that can look like it's inappropriate.

11 But at times, I mean, I have had
12 patients that I need to see three times a day for
13 fifteen minutes because of impulse control
14 problems and sometimes my other patients get kind
15 of jealous of that because they want time with
16 their social worker.

17 So that's kind of what I was referring
18 to. So you can't just put a time limit, everyone
19 has like 50 minutes a week, and that's all they
20 get. It doesn't work that way.

21 Q Yeah, I understand that.

22 But I am wondering why when the officer
23 asked you if something was illegitimate you
24 volunteered that sometimes patients ask for more

1 time with their social workers?

2 A Uh huh. There could have been more
3 time together than anybody knew about but I don't
4 know.

5 Q Well, what did you know?

6 A I didn't know anything about that.
7 Sometimes patients take more time and maybe no one
8 noticed, if there was more time taken, based on
9 the allegations.

10 Q So you had no information that
11 Christy was spending considerable amounts of time
12 with Ben that would challenge the legitimacy of
13 her spending time with him when you gave this
14 answer?

15 A No.

16 Q So you said she is very passionate
17 about her patients, but then you say, but an
18 unhealthy relationship-wise, and you stop there.

19 Were you thinking of something that was
20 unhealthy about patient-wise, relationship-wise?

21 A No.

22 I was thinking about the word passionate
23 comes off as being romantic.

24 And in her case she was very passionate

1 about her patients, as in wanting them to
2 progress. She wrote very detailed reports about
3 how well they were doing. And I don't think I
4 wanted passionate to be seen as romantic because
5 that's not what I was trying to say.

6 Q Well, did you think at any time
7 that Christy was too close to her patients based
8 upon what you just said?

9 A Too close, as in?

10 Q Crossing the boundary of being too
11 intimate or close to a patient?

12 A Not too intimate but we all
13 advocate for our patients and sometimes it goes
14 against what other people think.

15 You know, if I want somebody to get into
16 a workshop ahead of somebody else because I really
17 think he needs the structure, I might advocate for
18 that, even though somebody may not think he will
19 do well in workshops. So that's the kind of
20 passion I was referring to.

21 Q How did you come to understand that
22 information about Christy that she wasn't too
23 close or violating boundaries?

24 A Well, how did I come to the

1 **conclusion; she wasn't?**

2 Q Yeah.

3 A **At this point it looks like she was**
4 **because that was the allegations the State Police**
5 **were investigating.**

6 Q Right.

7 So by this time in the interview with
8 the police we have already discussed that you
9 noticed these interactions between her and Ben a
10 couple of times, you noticed that there is -- at
11 least pointing out there is male-female
12 interactions and I am just wondering --

13 And then obviously you felt it at least
14 incumbent upon you to mention something to her
15 about the locked in the office incident the day
16 after the incident occurred.

17 What I am wondering is, whether you were
18 forming an impression while you worked with
19 Christy that she was not necessarily -- to use the
20 officer's word -- legitimately passionate or
21 whether she was crossing a boundary.

22 Did you formulate that impression at any
23 time while you worked with her?

24 A **Not while I worked with her. Until**

1 this situation had come up I never would have
2 thought of this happening. It just didn't make
3 sense to me.

4 Q Page 34, Lines 3 and 4 the officer
5 says:

6 It's always a rumor. It's always an
7 allegation up until it actually --

8 Doesn't finish the question.

9 But could you read your answer which
10 goes from Line 5 to Line 18?

11 A Yes.

12 Usually when something significant
13 happens on a unit there's multiple
14 people that know about it, patient-wise
15 anyway. It usually comes out.

16 That was the other shocking thing about
17 this, is for something like this, if
18 it's actually true to come out this way
19 versus other patients knowing about it,
20 that's unusual just from my experience
21 working in the system.

22 Q Stop right there for a second.

23 So you had no rumors whatsoever that you
24 heard from anyone about Christy Lenhardt being

1 someone who had boundary issues?

2 **A Nothing, no, not like this, not at**
3 **all.**

4 Q Well, no, not like this. Here is
5 the thing. I know it's important to give the full
6 answer but I am not asking you to qualify it.

7 My question is:

8 You never heard a rumor from anyone that
9 Christy Lenhardt had boundary issues with her
10 patients?

11 **A Nothing specific, no.**

12 **Again, the only thing that I thought was**
13 **unusual is she would often stay late but I thought**
14 **that was just for her catching up on her work**
15 **because she wrote so much that she could never get**
16 **it done.**

17 Q Well, was there anything that
18 wasn't specific, other than her staying late, that
19 you may have heard?

20 **A No.**

21 Q Nothing other than what we have
22 discussed about telling her to leave Ben -- or
23 telling Ben to leave her alone and cautioning her
24 about, Everything goes through me with my

1 patients?

2 Other than that, did you have any
3 personal observation that might be considered a
4 boundary issue with Christy Lenhardt and her
5 patients?

6 A You know, not a boundary issue.

7 Again, people do different things. I
8 structure my time with my patients. She was more
9 going with whatever was going on but that was her
10 style. That wouldn't work for me.

11 I didn't see it as a boundary issue. I
12 thought as a style issue.

13 Q So Colleen Delaney never had a
14 discussion with you about Christy having any
15 boundary issues?

16 A Just the issue with the intern was
17 brought to my attention through Colleen Delaney.

18 Q Other than that, you had no
19 communication with Colleen Delaney about Christy
20 and boundary issues?

21 A Not that I recall.

22 Q Did you have any conversations with
23 Diana Hogan about Christy Lenhardt and boundary
24 issues?

1 **A I don't think I have had more than**
2 **two conversations with Diana in my life, so no.**

3 Q Now, Dr. Javed is a psychiatrist on
4 L Unit.

5 Did you ever have a conversation with
6 her about Christy Lenhardt having any boundary
7 issues?

8 **A No, it wasn't my role.**

9 Q Did you ever discuss the propensity
10 for Christy to, you know, interact with Ben on K
11 Unit with Dr. Javed?

12 **A No.**

13 Q Did you ever discuss Christy having
14 boundary issues with Dr. Kareemi, who was on your
15 unit, K Unit?

16 **A No.**

17 Q And did you discuss the
18 interactions between Ben and Christy that we have
19 gone over in your deposition regarding Christy and
20 Ben with Dr. Kareemi?

21 **A No.**

22 Q You said if something significant
23 happens on a unit there's multiple people that
24 know about it patient-wise anyway.

1 It usually comes out; right?

2 **A Yes.**

3 Q How does it come out?

4 **A Usually secrets come out because**
5 **eventually someone sees it, you know, and patients**
6 **are here 24 hours a day. They observe everything.**
7 **You know, staff are doing face checks 15 or 30**
8 **minutes every hour.**

9 Q Right. I didn't ask you about
10 secrets yet. We are going to get to that.

11 But I am talking about when something
12 significant happens that's not a secret; right?

13 **A No, no.**

14 **I am just saying if something is**
15 **happening that no one knows about it usually comes**
16 **out, yes.**

17 Q Right.

18 Well, that's -- My first question was,
19 when something is significant, if it's
20 significant, people saw it; right?

21 **A Yes.**

22 Q So when something significant comes
23 out, meaning people saw it, they were
24 eyewitnesses, that comes out; right?

1 **A Yes.**

2 Q It comes out in the form of like
3 rumors or some other way?

4 How does it come out?

5 **A There should be documentation. If**
6 **it's a patient specifically, it should be**
7 **documented in the patient charts.**

8 If there is an incident report it should
9 be completed. Security does incident reports when
10 they come upon something.

11 So there should be some documentation if
12 something happens.

13 Q That's for the situation where it's
14 significant and there's eyewitnesses; right?

15 **A Yes.**

16 Q Now, you started talking about this
17 already, what if something significant happens but
18 it's sort of a secret; right?

19 Is that also how rumors and information
20 is passed along in the facility?

21 **A It could be.**

22 Q Is there another way?

23 **A Someone usually gets caught.**

24 Q So when something is going on, your

1 expression that it usually comes out, that's
2 meaning it comes out after the fact; that there's
3 no rumors leading up to it?

4 No one is talking about the secret
5 beforehand?

6 **A Not with us, no.**

7 **I would guess patients who know stuff**
8 **might be talking about stuff.**

9 Q And they would never talk about
10 anything with the STAs or the social workers, so
11 those rumors of secret things going on before they
12 are caught are never discussed?

13 **A I am sure they could be.**

14 Q Well, I am not asking you to
15 speculate.

16 Does that happen?

17 **A It doesn't really happen with me**
18 **but I am guessing it does happen.**

19 Q Not with you.

20 I am asking what you know from your
21 personal knowledge of what you may have heard from
22 other staff, like STAs or social workers or nurses
23 that are talking to patients or from the patients
24 themselves.

1 A Well, it's all supposed to be part
2 of the record. Any type of information that comes
3 regarding patients is supposed to be part of
4 record.

5 Q I am not asking what it's supposed
6 to be.

7 I am asking about your personal
8 knowledge, receiving information in the rumor
9 mill, before people get caught, does that happen
10 in your experience?

11 A Yes, I guess.

12 Q Well, I don't want you to guess.

13 A I can't think of an incident, so I
14 don't know. So I am sure people do rumor and
15 gossip.

16 Q So you have never heard a rumor
17 about anyone that later came out after they were
18 caught?

19 A Not about patient behavior, staff
20 behavior.

21 I hear rumors about staff retiring,
22 stuff like that, things like that I hear, but not
23 regarding allegations of abuse or inappropriate
24 behavior.

1 Q So my question related to the
2 rumors where, you know, patient-wise rumors may be
3 going around and they usually come out; is that
4 something that the staff pay attention to?

5 A Oh, yes. They should pay attention
6 to them, yes, because we have to follow up.

7 Q But you have never heard any in
8 which the followup would be something that you
9 would say before they were caught you were
10 following up on a rumor?

11 A I mean, if I have a patient come
12 tell me that another patient was selling
13 merchandise on a unit, then I would follow up with
14 that to see if there is something going on there.

15 Is that what you are referring to?

16 Q Any rumor in which you, with your
17 ethical obligations as a social worker, would hear
18 from another person, be it staff or patient, in
19 which the parties in the rumor haven't been caught
20 but is something that you feel the need to follow
21 up on?

22 A Well, it would have to be something
23 related to patient abuse or neglect. So I would
24 of course call that in, even if it's just rumor.

1 Q Interrogatory No. 22 asks:

2 Did you ever hear any rumor or receive
3 any report to the effect that Christy
4 Lenhardt had carried on a romantic or
5 sexual relationship with a previous
6 patient, not currently at EMHC, named

7 [REDACTED] [REDACTED]

8 Identify all persons whom you discussed
9 or shared any information or speculation
10 about this.

11 Do you remember seeing this question in
12 your interrogatories?

13 A **Yes.**

14 Q Understanding your lawyer is
15 putting in -- not waiving your objections -- but
16 we will begin with:

17 Defendant responds the first time he
18 heard of such allegations was during the
19 investigation into Lenhardt's
20 relationship with plaintiff.

21 So you are aware of a rumor that Christy
22 Lenhardt had sexual relations with [REDACTED]

23 [REDACTED] --

24 A **No, I was not aware --**

1 Q -- today, as you sit here today?

2 A Today, yes.

3 Q Okay.

4 A Well, I take that back.

5 I didn't know there were sexual
6 relationships with them.

7 Q Well, the question asks whether you
8 had heard a rumor whether Christy carried on a
9 romantic or sexual relationship with [REDACTED]

10 And your answer is:

11 The first time you heard of such
12 allegations was during the investigation
13 into Lenhardt's relationship with
14 plaintiff.

15 A Yes.

16 Q My question is, as you sit here
17 today, you are aware of that rumor; right?

18 A Yes.

19 Q And then the first time you heard
20 of it was during the investigation.

21 Which investigation were you thinking of
22 when you gave this response?

23 A The Lenhardt and Hurt
24 investigation.

1 Q Well, who was conducting the
2 investigation?

3 A **The State Police.**

4 Q So you heard it during the State
5 Police investigation from who?

6 A **I don't know.**

7 I would have thought it was brought up
8 during the investigation of the State Police, if
9 they would have asked the questions about them,
10 but I don't know specifically when I heard that at
11 that point.

12 Q So if the State Police brought it
13 up to you in an interview that's different than a
14 rumor from within the facility. I guess maybe the
15 question isn't so good.

16 But are you considering that the State
17 Police were giving you a rumor about a sexual
18 relationship between Christy and [REDACTED]

19 A **I figured they were investigating**
20 **it.**

21 Q Right.

22 But my question is, you only heard that
23 from the State Police and that's what you thought
24 was a rumor?

1 It wasn't a rumor you heard from a staff
2 person at the facility?

3 **A I don't believe so. I had no idea**
4 **of that.**

5 Q Then Question No. 20 asks:

6 Did you ever hear any rumor or receive
7 any report to the effect that Christy
8 Lenhardt had carried on a romantic or
9 sexual relationship with a previous
10 patient not currently at EMHC named

11 ████████████████████

12 Identify persons with whom you have
13 shared information.

14 Very similar answer:

15 Defendant responds: The first time
16 you heard of an alleged relationship between
17 Lenhardt and someone named ██████████ ██████████ was
18 during the investigation into Lenhardt's
19 relationship with plaintiff.

20 Was that the State Police investigation
21 again?

22 **A Yes, my recollection is yes.**

23 Q And you never heard any other staff
24 member or any person at EMHC make mention of

1 Christy and [REDACTED] having a sexual relationship?

2 A No, no.

3 I don't know where I was when that
4 incident occurred.

5 Q Do you know who [REDACTED] [REDACTED] was?

6 A A patient is all I heard of.

7 Q Do you know anything significant
8 about [REDACTED] [REDACTED]

9 A No.

10 Q You never heard he had eloped from
11 EMHC?

12 A I did hear that once this
13 information came out that he eloped from EMHC.

14 Q Well, is there any other
15 information about [REDACTED] [REDACTED] that you may be
16 aware of?

17 A Again, I wasn't even here during
18 that time so I don't know of anything else about
19 him except that he ran away. Someone said he
20 packed up his stuff and walked out on his passes
21 and left.

22 Q Who said that?

23 A I don't recall honestly.

24 Q Do you remember when you heard some

1 other person say that to you?

2 **A No.**

3 **I never even met the man.**

4 Q No, I understand, but that's not my
5 question.

6 It would appear that some other person
7 other than the State Police investigators told you
8 he packed up his stuff and left. You don't recall
9 who that person was.

10 I am just wondering when you would have
11 gotten that information?

12 **A It would have been with the State**
13 **Police is my best memory of that.**

14 Q Do you know who [REDACTED]
15 [REDACTED] is?

16 **A Yes, I do.**

17 Q Who is he?

18 **A A patient.**

19 Q Is he currently a patient?

20 **A Not on K or L. I don't know if he**
21 **is still here or was discharged or what his status**
22 **is.**

23 Q Was he one of your patients?

24 **A No, he was not.**

1 Q This is Page 40 of the police
2 transcript. At Line 12 the officer is talking
3 about:

4 There has to be, on both ends, I mean,
5 there's reciprocation.

6 If this is true there's reciprocation.

7 Both people are sort of benefiting,
8 whether it be fortunate or unfortunate.

9 But you know, why would this person even
10 fess up and start telling everybody else
11 unless somebody else wants a little bit
12 of -- a little piece of the pie?

13 And your answer here goes on line --
14 starts on Line 19 and goes to Page 41, Line 3.

15 Could you read that?

16 **A Yes.**

17 **Yeah, usually it's about some level of**
18 **power or eventually that the power falls**
19 **apart. So then it becomes almost a**
20 **push-pull process but that's just -- I**
21 **mean, there's a lot of stuff I'm sure**
22 **that goes on that we never find out**
23 **about it.**

24 **But usually the patients have some**

1 knowledge of stuff that's going on.
2 They -- You know, they pay attention.
3 They watch everything everyone does.
4 It's kind of their job. They're stuck
5 on a unit all day.

6 Q So you are referring to power when
7 you are saying, It's about some level of power and
8 eventually that power falls apart.

9 What do you mean by power?

10 A Well, I am using it in terms of
11 working as a sex offender therapist, where usually
12 any type of sexual relationship that's not mutual
13 has some power involvement with it.

14 In this situation a social worker has
15 more power over the patient because a social
16 worker has information and influence, but when
17 it's all based on that, it's not based on a real
18 relationship. Things tend to fall apart at some
19 point. The power is not even any more.

20 So it's usually basically -- It's from a
21 sexual offender profile of power being used when
22 it comes to those type of relationships.

23 Q So when you say the power falls
24 apart somehow, does that mean that they call him a

1 sexual predator and their victim are somehow then
2 on equal footing when the power falls apart?

3 **A Well, the lack of power consistency**
4 **causes conflict, is what I am trying to say. At**
5 **some point it doesn't continue. The relationship**
6 **breaks up.**

7 **The victim tells somebody. The offender**
8 **gets caught because it's not based on a normal**
9 **relationship.**

10 **Q Are you aware of whether that**
11 **happened in the case of Ben and Christy?**

12 **A No, I am not aware.**

13 **Q Are you aware of how Christy was**
14 **caught?**

15 **A No, I am not.**

16 **Q So you mention that the staff**
17 **person has the power, at least at the outset of**
18 **everything, because they are the proverbial -- I**
19 **don't want to call them the jail keeper -- but**
20 **clearly there is an institutionalized person and**
21 **even if it's a hospital setting, the staff have a**
22 **lot of power over that patient; correct?**

23 **A Correct?**

24 **Q So do you think that the patients**

1 generally have any healthy fear of staff?

2 **A Yes.**

3 I know patients, when I do substance
4 abuse assessments, don't want to tell me about
5 their history because they are afraid it will be
6 used against them and make them do more treatment.

7 Q And if they have even done
8 something inside the facility do they have a
9 healthy fear of saying what they may have done
10 wrong for fear that it could extend their stay at
11 Elgin?

12 **A I am sure they do.**

13 Q Have you ever heard the expression
14 charted?

15 **A I am assuming that refers to**
16 **information being put in a chart, if something is**
17 **charted.**

18 Q Yeah, I am asking you.

19 **A Yes.**

20 Q So that's what it means to you;
21 right?

22 **A Yes.**

23 Q Do any patients consider being
24 charted as a way of being perhaps reprimanded or

1 punished for something they have done wrong?

2 **A I believe I have heard them say**
3 **that, yes, where if somebody has done something**
4 **wrong it goes in their chart and that's seen as a**
5 **consequence.**

6 Q And we talked about this situation
7 where patients may complain about something.
8 Obviously they're institutionalized. They have
9 been adjudicated mentally ill or unfit to stand
10 trial.

11 And you believe that complaining is
12 something they may have a healthy fear of for fear
13 of having charted -- being charted for, say, being
14 symptomatic, which could also extend their stay at
15 Elgin?

16 **A Yes. I believe that they have fear**
17 **of that. They have told me that they have a fear**
18 **of that.**

19 Q I understand.
20 It's not supposed to be a punishment;
21 right?

22 **A Correct.**
23 **And I try to encourage them on that.**

24 Q But from your experience at Elgin a

1 patient who might be revealing something -- could
2 even be something rather serious that's going
3 on -- being charted or having something in their
4 chart has a -- I am going to use the word --
5 strong potential as it being used as further
6 evidence of their mental illness; correct?

7 **A It can be.**

8 **I try to encourage my patients, as part**
9 **of their recovery to -- Actually part of their**
10 **responsibility is to tell us when symptoms come**
11 **back. That shows their maturity versus hiding it.**
12 **They tend to become symptomatic in the community**
13 **then.**

14 **But I can see them saying any time they**
15 **say something about illnesses or symptoms that**
16 **they are afraid somehow something will hold them**
17 **back.**

18 **Q What about complaining about the**
19 **way they have been treated by a staff person; is**
20 **that also something that can end up in their**
21 **chart, and if they are wrong or they are**
22 **delusional is a detrimental report on their**
23 **ability to be released?**

24 **A I am sure it can be.**

1 I can only speak to what I do with those
2 type of things because even if I have a paranoid
3 patient, they believe people are trying to hurt
4 them, my job is to try to get them to be less
5 paranoid and help process this to the point that I
6 will actually bring the staff and patient together
7 to try to talk about things.

8 But I can definitely see that they would
9 be afraid of complaining too much and somehow it
10 could go against them because they have less
11 power.

12 Q Right. So in fact from the
13 patient's view -- not from your view -- From the
14 patient's view revealing something, even something
15 happening between the patient and staff, the
16 charting mechanism might be a deterrent to them
17 reporting that information; correct?

18 A Yes. I can see that happening,
19 yes.

20 Q So we have heard from many
21 witnesses -- well, at least one in particular --
22 that Ben Hurt never reported anything, seemed just
23 fine and stable, never said a word that something
24 may have been going on with Christy Lenhardt or

1 showed any signs of stress. He was a stable
2 patient.

3 But do you think that what we just
4 discussed, the possibility of finding out about
5 his sexual relationship with Christy may have
6 acted as a deterrent to him telling anyone?

7 **A Quite possibly.**

8 Q He was due to Thiem out July 22 of
9 2017 and it appears from the evidence that we have
10 and the testimony Ben and Christy have given us
11 that their sexual relationship started as early as
12 November of 2014.

13 So from November of 2014 to July 22 of
14 2017 Ben Hurt never mentioned to anybody that he
15 was having sex with Christy Lenhardt.

16 Do you feel with that information that
17 it may have acted as a deterrent because, you
18 know, he could have been civilly committed or he
19 could have had some consequence?

20 He could have been sent to Chester?

21 There could have been any number of
22 things that could have happened to him that do you
23 feel that those consequences I just mentioned may
24 have acted as a deterrent to Ben reporting that

1 information?

2 **A Yes, it may have.**

3 Q I mean, I don't know if you are
4 aware of this, but do you know that on June 30,
5 2017 after a room search of Ben's room that -- Do
6 you know what evidence was uncovered on that day?

7 **A I do not.**

8 Q You have never talked to anybody
9 about the investigation that the State Police
10 started on June 30 and what they uncovered?

11 **A Well, it's fortunate that I was off**
12 **at that time. And when I came back I remember**
13 **running into chief security, and he would say, do**
14 **I want to know, and I would say, I don't want to**
15 **know.**

16 Q Fair enough.

17 **A I don't want to.**

18 Q When a patient is complaining of a
19 reporting, do you feel its important for staff to
20 receive the report about some complaint, potential
21 abuse, and take a really neutral stance on whether
22 it's true or not?

23 **A Yes.**

24 Q Do you think that staff might ever

1 cover something up that they may have done wrong
2 using the status of the patient as mental illness
3 or diagnosis or symptoms that patients have to
4 cover up their wrong acts pertaining to
5 complaints?

6 **A I'm sure it's possible.**

7 Q Could it even be accidental?

8 **A Yeah.**

9 You know, I have had patients that have
10 spiritual beliefs that look like they are
11 delusional, but actually it's part of their
12 spiritual religion, so yes.

13 Q So even with the best of intentions
14 there is this imbalance between observation and
15 the credibility of a patient and a staff member;
16 right?

17 **A It's all about perception, yes, and**
18 **we all have our own.**

19 MS. KOZAR: I just want to make
20 sure we are being mindful of time.

21 MR. CECALA: Do you have a lot of
22 questions, Amanda?

23 MS. KOZAR: No.

24 MR. CECALA: Okay. We are clearly

1 going to make it well within the time.

2 MS. KOZAR: Okay.

3 MR. CECALA: Okay. We are nearly
4 done.

5 MS. KOZAR: Oh, okay, great.

6 MR. CECALA: I have some more
7 questions about the interrogatories but clearly we
8 will make it well before 5:00 o'clock.

9 MS. KOZAR: Okay. Great.

10 MR. CECALA: So I am showing you
11 what is Exhibit No. 5.

12 (Exhibit 5 marked.)

13 BY MR. CECALA:

14 Q Have you ever seen this
15 investigative report?

16 A No, I have not.

17 Q This is an OIG report. I will show
18 you Page 2. It's dated February 11, 2015.

19 Have you ever seen this?

20 A Yes, I know what this is.

21 Q Have you seen this report?

22 A I have not seen the report, no.

23 Q You are aware of what it's
24 regarding; right?

1 A Yes.

2 Q So what is it?

3 A A patient, when he was transferred
4 to another unit, sent a letter, and the letter
5 ended up coming back around to us around three,
6 four months later, and of course the letter
7 indicated that this information was in it.

8 This patient was I believe on M or N
9 Unit. So when it was investigated he refused to
10 even respond and said it didn't happen.

11 Now, this patient here has significant
12 sexual trauma abuse from his past, plus some of
13 his trauma has created identity orientation issues
14 for him, and when he gets sick he makes statements
15 along these lines.

16 So yes, he clearly afterwards was saying
17 that didn't happen. Nothing like that ever
18 happened.

19 So yes, I do remember this allegation.

20 Q So the allegation here was made on
21 January 14, 2015 and the patient -- It doesn't
22 have a date. Doesn't say that it came in the form
23 of a letter.

24 And it says that you, Social Worker

1 Beck, told Patient X to, Suck my dick.

2 Now, it doesn't imply that it was sexual
3 in nature at all. It could have been, you know,
4 two guys talking derogatory. It doesn't really
5 describe any of the circumstances. Like, you
6 know, it could be a joke.

7 I spent a lot of time on teams in the
8 military. It's not something that I find crazy.
9 It could have been an offhand remark, I guess.

10 It doesn't really describe it though;
11 does it?

12 **A What's the question, I am sorry?**

13 Q There's no circumstances?

14 It doesn't describe the circumstances at
15 all; right?

16 **A No.**

17 Q There is the synopsis:

18 OIG attempted to interview Mr. X.

19 However Mr. X refused to be interviewed.

20 Do you know who Mr. X was?

21 **A Yes, I do.**

22 Q Then it says:

23 Social Worker Beck said Mr. X had been
24 diagnosed with schizo-affective bipolar

1 with cannabis and alcohol dependency.

2 Is that information you gave to OIG?

3 **A They usually do ask for diagnosis,**
4 **yes.**

5 Q OIG asked you to give his diagnosis
6 to them?

7 **A Right.**

8 Q When you say usually, how do you
9 know it's usually?

10 **A My recollection is they usually ask**
11 **for diagnosis when taking report information.**

12 Q Isn't that something that would
13 ordinarily be protected by both HIPAA and the
14 Mental Health Act?

15 **A Not through OIG it's not.**

16 Q So OIG is allowed to factor in the
17 diagnosis of mental illness in receiving a report?

18 **A You would have to ask them. I have**
19 **never been trained in their department.**

20 Q Well, it's written on the page?

21 **A Yeah.**

22 Q It clearly is part of their
23 synopsis?

24 **A Uh huh.**

1 Q So as part of the evaluation, they
2 mention it. It would seem to be it's part of the
3 report to get them to their findings.

4 Does that seem true to you?

5 **A I am sorry, does what seem true to**
6 **me?**

7 Q That the diagnosis is part of the
8 synopsis where they are leading themselves to some
9 finding; right?

10 **A Well, it's part of the statement.**
11 **If it's delusional, it's part of the statement,**
12 **yeah -- part of the evidence for the statement,**
13 **yes.**

14 Q I am not at delusional yet. I am
15 just at the diagnosis.

16 **A Okay, yeah.**

17 Q So the diagnosis is in there, where
18 they are writing up what happened; right?

19 **A Yes.**

20 Q So it didn't happen that he is
21 schizo-affective bipolar with cannabis and alcohol
22 dependent when he met you.

23 That was how he was diagnosed to be
24 NGRI; right?

1 **A That's the diagnosis he carried**
2 **while in our unit, yes.**

3 Q Right. So the day that this would
4 have happened that's not a diagnosis that you
5 made; right?

6 **A Well, the doctor makes that**
7 **diagnosis primarily, yes.**

8 Q And you are saying that you recall
9 that the OIG investigator, looks like Jeanette
10 Hielsberg, asked you what his diagnosis was?

11 **A Usually we get asked about what**
12 **their diagnosis is.**

13 **Usually cannabis and alcohol dependency**
14 **wouldn't be relevant to this investigation for**
15 **this investigation unless I thought he was using.**

16 Q Right.

17 Then it says:

18 Social Worker Beck normally meets with
19 each individual in his office multiple
20 times each month.

21 So did you tell them that?

22 **A Yes.**

23 Q So that would be something that
24 would confirm that that's valid that he reported

1 that information; correct?

2 **A Yes.**

3 Q Then it says:

4 Social Worker Beck added that Mr. Blank
5 had been sexually assaulted while a
6 child and has had delusions of a male
7 following him ever since.

8 Do you remember telling him that?

9 **A Yes -- Well, I don't remember**
10 **telling him that, but I remember that was one of**
11 **his ongoing delusions.**

12 Q Do you disagree with that
13 information?

14 **A I don't disagree. That information**
15 **was added by me.**

16 Q Why did you add that information?

17 **A Because he was starting to work --**
18 **He was starting to have dreams at this time about**
19 **the abuse and he was having a hard time realizing**
20 **if it was reality or not.**

21 A lot of my patients, their delusions or
22 sycosis are often related to a trauma incident, so
23 a lot of those topics kind of repeat themselves
24 over and over again.

1 Q Then it says:

2 In addition, Mr. X had encountered
3 issues with other individuals on the
4 unit regarding sexual issues.

5 A **Yes. He is struggling with sexual**
6 **orientation issues and how he was dressing then;**
7 **correct.**

8 Q So we are at the bottom of this
9 synopsis paragraph, where it says:

10 Social Worker Beck denied that he ever
11 asked Mr. X or any other individual to
12 ever suck his dick.

13 So that would be, you are denying this
14 happened.

15 And then the findings are obviously:

16 The allegation of sexual abuse against
17 Social Worker Andrew Beck is unfounded.

18 Now, he didn't even show up --

19 A **Right.**

20 Q -- for his interview; right?

21 A **He refused his interview.**

22 Q Right.

23 A **They did take me off the unit for**
24 **three days until that was investigated.**

1 Q Right.

2 A Just for his safety.

3 Q Right.

4 And this was a mere mention that had you
5 come off the unit for three days, OIG comes down
6 to interview him, he doesn't show up.

7 And I guess my question is, what this
8 really boils down to is it's your word against
9 his; isn't it?

10 A In this situation it was to some
11 extent. He did refuse to talk about it with them,
12 and yes.

13 But it does come down to that because I
14 was willing to talk about it and he wasn't.

15 MR. KRETCHMAR: This is Randy.

16 EXAMINATION

17 BY MR. KRETCHMAR:

18 Q Drew, this is the second time
19 when -- just now, when you described this
20 incident, I heard you use the expression, When the
21 patient gets sick.

22 There was an earlier time during the
23 deposition and I neglected or didn't think to
24 bring it up.

1 I just want to clarify, when you say the
2 patient gets sick, you don't mean like he has a
3 bad cold or the flu or anything; right, like that?

4 You mean, he is symptomatic of
5 delusions?

6 A When a patient's symptoms come back
7 we usually refer to them as getting sick because a
8 lot of my patients get very stable and have no
9 symptoms. So we often use with them getting sick
10 versus --

11 It's referring to first person
12 terminology. We don't like to say, You are a
13 schizophrenic.

14 We like to say, Sometimes when you get
15 sick, these are the symptoms.

16 So we are trying to help people
17 integrate back into society without a label. So
18 that's how I am using the word sick.

19 Q You don't have to use a label
20 schizophrenic or any state of identity in order to
21 say you are getting delusional or you are getting
22 psychotic or, you know, whatever the emotional
23 attachment to the term might be.

24 You are getting a little crazy. Hey,

1 you are unreasonable. There's all kinds of ways
2 of saying it.

3 But I heard you use the expression, You
4 are sick, twice, and I just wanted to clarify,
5 that's not like a physical illness; right?

6 **A We are not saying it's like a**
7 **medical illness with that, even though it's**
8 **treated with medication, yes.**

9 **We are not saying it's a bacterial**
10 **infection like that. We are just referring to**
11 **symptoms.**

12 MR. KRETCHMAR: Okay. Thanks.

13 EXAMINATION

14 BY MR. CECALA:

15 Q My last question about this report.

16 You don't know as you sit here today
17 what weight the OIG gave to the information about
18 the diagnosis, the past history of sexual abuse,
19 the issues pertaining to sexual issues with other
20 patients or your observation of that?

21 You don't know what weight OIG gave to
22 that information; do you?

23 **A I do not.**

24 Q You don't know whether OIG gave any

1 weight to the fact that he didn't show up or not;
2 do you?

3 **A I do not.**

4 Q And so my earlier question is, it
5 kind of boils down to your word against his;
6 right?

7 **A I don't know how they determine**
8 **these cases. I have been -- I have never been**
9 **trained as an OIG, so if that's what's presented.**

10 Q Well, he wrote something that said,
11 Mr. Beck told me, Suck my dick.

12 And you said -- You denied that you ever
13 said that; right?

14 **A That's correct.**

15 Q And the complaint was unfounded;
16 right?

17 **A Yes.**

18 Q So you are aware that patients made
19 complaints and when -- at least in this situation,
20 it's a staff person against a mentally ill
21 person's word, and he lost; right?

22 **A Well, I don't know if he lost. You**
23 **know, it wasn't founded. This is about patient**
24 **safety, not winning or losing.**

1 Q Sure.

2 Don't you think that the entire
3 situation regarding Ben Hurt was about patient
4 safety?

5 A It should have been -- or it was,
6 yeah.

7 Q It was?

8 A Yeah.

9 Q Okay. I am going to go back really
10 quickly. I have one last question on the police
11 transcript. I just want to make sure I don't
12 forget. This is going to be the last part. I
13 want to make sure I didn't forget anything.

14 On Page 44 you had lengthy discussion
15 about line of sight and things like that with the
16 police.

17 And Line 3 the officer says:

18 Okay. Can they close the door as long
19 as the window -- line of sight?

20 And your answer? Could you read the
21 three lines of your answer there?

22 A Yes.

23 Well, they never should. I don't know
24 if there's a policy but you never should

1 be in a room with the door closed with a
2 patient, no.

3 Q So you don't go into your patient
4 meetings with the door closed; do you?

5 A No.

6 If we're talking meetings in my office?

7 Q Yes.

8 A A meeting, yes, the meetings in my
9 office.

10 This is regarding going into rooms,
11 patient rooms.

12 Q Okay.

13 A We don't go into patient rooms
14 unless there is another staff with line of sight
15 with us.

16 But yes, in our office we have to have
17 the doors unlocked and windows have to be open so
18 they can be seen inside.

19 Q So there is a difference between
20 the patient room and the social worker office;
21 right?

22 A Yes.

23 Q So line of sight applies to both
24 though; doesn't it?

1 **A Yes.**

2 Q So you are never allowed in a
3 patient's room, period, full stop?

4 **A You could be if there was a staff**
5 **in the hallway looking at you.**

6 Q Uh huh.

7 **A And you were in the room, so they**
8 **could see you and they could see staff.**

9 Q Okay. So a patient's room, you can
10 be in there if there is another staff there with
11 you.

12 But based on this answer, you should
13 never close the door one on one, patient and staff
14 person, in the room alone; right?

15 **A Not in the patient's room, no.**

16 Q Okay. And then as it pertains to a
17 social worker office, patient and social worker
18 can be in the office with the door closed but
19 unlocked; correct?

20 **A That's correct.**

21 **And for confidentiality reasons the door**
22 **is closed.**

23 Q Okay. And the -- But the door
24 should never be locked; correct?

1 **A That's correct, when you have a**
2 **patient in there; correct.**

3 Q And there should always be a line
4 of sight through the social worker office window
5 to observe the patient and the social worker in
6 the office; right?

7 **A Yes.**

8 Q Okay. I just wanted to make sure I
9 didn't miss that.

10 So the interrogatories, you said you saw
11 these. You signed them.

12 In Question 1 we asked you to:

13 Identify all persons with knowledge of
14 the facts underlying plaintiff's
15 complaint and all documents that relate
16 to such knowledge.

17 And here you answered:

18 Robert Hamlin.

19 So Robert was a fellow social worker on
20 K and L Unit to you; right?

21 **A He was the late social worker**
22 **supervisor, yes.**

23 Q Based upon your knowledge when you
24 answered this, what were you thinking of about

1 Robert Hamlin's knowledge relative to the
2 complaint?

3 A He was the one involved in the
4 transfer of Mr. Hurt to K Unit. He was the one
5 involved with the incentive plan that was involved
6 with Ms. Lenhardt. So it was out of his office
7 and he established all of this.

8 Q We talked about the office locking
9 incident.

10 What about the transfer were you
11 thinking that Robert Hamlin would have information
12 related to the complaint?

13 A He would be part of the discussion
14 about patients transferring from K to L Unit.

15 Q Right.

16 But what about that was something that
17 you thought was relevant to the complaint?

18 A Oh, I just put down information
19 that he would have. Maybe I misread the question
20 then.

21 Q Okay. Fair enough.

22 A He was the supervisor of Lenhardt
23 as well.

24 Q I am asking now. This will make us

1 end faster. There's later questions about what
2 did they know and when did they know it.

3 **A Okay.**

4 **Q That's all you know about Robert;**
5 **right?**

6 **A Yes.**

7 **Q Peggy Gimbel, she was the Social**
8 **Work Director at the time you were on K and Ben**
9 **was your patient?**

10 **A I believe she was the temporarily**
11 **assigned director. She currently now is the**
12 **director.**

13 **Q So same question for her:**
14 **What were you thinking, if you were,**
15 **about knowledge she may have had relevant to the**
16 **complaint?**

17 **A She was part of the meeting that I**
18 **had with her and Bob Hamlin regarding the intern**
19 **being taken away.**

20 **Q Is there anything else?**

21 **A Not unless she was involved with --**
22 **as a supervisor was she involved with anything**
23 **else, but I don't have any knowledge that she is**
24 **involved.**

1 Q Okay.

2 A I think I misread this question.

3 Q No. It's okay because there's
4 actually a question later.

5 There's a later question that I won't
6 ask you about because I am asking you now.

7 A Okay.

8 Q So the problem is the later
9 question says, See Question 1.

10 So this talks about -- Interrogatory 7
11 and 8 talked about the treatment team,
12 administrative staff for oversight relating to
13 supervisory authority, including the timeline and
14 responsibility of those people and identify
15 persons that were part of the plaintiff's forensic
16 and administrative team during the entire time
17 that the plaintiff was at the facility.

18 So we are not asking you specific
19 knowledge there but we do ask it here,
20 Interrogatory No. 5:

21 Provide information -- knowledge of the
22 basis of any denial of facts of the
23 complaint, as far as the specific
24 knowledge each person has.

1 So the complaint has numbered
2 paragraphs, so if somebody has knowledge of the
3 denial, they must have some knowledge of the
4 complaint, enough to know that there is a denial.

5 I am skipping over all of this so we can
6 go faster. So I just want to find out about these
7 people that you specifically wrote down --

8 **A Okay.**

9 Q -- that they have knowledge. And
10 it relates to the questions as well.

11 So I am asking you now, to avoid going
12 through each individual question, who are they,
13 what was their job, what were you thinking about
14 what knowledge they may have?

15 **A Okay.**

16 Q So Olga was Ben's teacher.

17 What knowledge do you think she may have
18 had?

19 **A She spent a lot of individual time**
20 **with Ben's teacher, so she would have a much**
21 **better rapport with him. I think she worked with**
22 **him on his GED.**

23 Q But any information about the
24 complaint?

1 **A No, no.**

2 Q Okay. Joanne Langley, what was her
3 post?

4 **A She was a supervisor over the**
5 **director and she was also involved in that email**
6 **that I sent regarding interns not being assigned**
7 **to Christy Lenhardt.**

8 Q And would that be all the knowledge
9 she would have regarding the complaint?

10 **A That I am aware of, yes.**

11 Q Did you speak with her?

12 **A Regarding?**

13 Q About the complaint?

14 **A Oh, about this complaint?**

15 Q Yes.

16 **A No.**

17 Q And actually the same question for

18 Bob Hamlin:

19 Have you spoken to him about the
20 complaint?

21 **A Nope.**

22 Q Or Peggy Gimbel?

23 **A Nope.**

24 **I had to get permission for this**

1 **deposition. It goes past my time. Only those**
2 **type of timekeeping issues.**

3 Q I am saying, other than scheduling
4 your time for your deposition, did you have any
5 conversations with Bob Hamlin, Peggy Gimbel or
6 Olga?

7 A **No.**

8 Q And you already said no to Joanne
9 Langley?

10 A **Right.**

11 Q What about Robert Lee, what were
12 you thinking about the knowledge he might have?

13 A **He was here for the discharge for**
14 **him so that was my knowledge with him.**

15 Q Did you ever speak with him?

16 A **No.**

17 Q And then Pat Larson?

18 A **Psychologist on L Unit during the**
19 **time Ben was there. That was my only reason to**
20 **put that in.**

21 Q Have you spoken to Pat?

22 A **No.**

23 Q And Cara Wueste, what was her post?

24 A **She was social worker on L Unit**

1 **during the time Ben was there.**

2 Q Why did you include her on this?

3 A **Just because she was there at that**
4 **time.**

5 Q She was where at that time?

6 A **On the unit.**

7 Q What were you thinking about the
8 knowledge she might have?

9 A **Just that she would have been able**
10 **to observe more of the interaction between**
11 **Ms. Lenhardt and Mr. Hurt.**

12 Q Why do you think that?

13 A **Because she was a social worker on**
14 **the unit.**

15 Q Aren't there other social workers
16 on the unit as well?

17 A **Those are the two primary social**
18 **workers on the unit.**

19 Q So there is no other social worker
20 you felt would have knowledge?

21 A **Bob Hamlin would be the other**
22 **social worker.**

23 Q On L Unit?

24 A **Correct. He covered both K and L.**

1 Q So now the same question, you said
2 that the named defendants may have knowledge.

3 So what knowledge would Dr. Javed have
4 about the complaint?

5 A **She was on the unit for three and a**
6 **half years with Mr. Hurt and Ms. Lenhardt so...**

7 Q What do you know about her
8 knowledge?

9 A **I don't have any knowledge about**
10 **her knowledge. I have had no discussions with her**
11 **about this.**

12 Q Okay. And the same question for
13 Dr. Kareemi:

14 What knowledge do you know that she has?

15 A **I don't think she has any knowledge**
16 **that I have been made aware of.**

17 Q Did you ever talk to her about
18 this?

19 A **No, I refused to.**

20 Q Colleen Delaney, what knowledge are
21 you aware that Colleen has?

22 A **She was part of the intervention**
23 **when Ms. Lenhardt had problems with her intern and**
24 **it was breaking down.**

1 Q Outside of that you don't think
2 Colleen Delaney has any other information?

3 A She was a supervisor over L, as
4 well as K. Other than that, no.

5 Q Have you ever spoken to Colleen
6 about this?

7 A No.

8 Q And Diana Hogan, what knowledge
9 would you think Diana has?

10 A I don't think she has none. At
11 least from my interaction with her there has been
12 none because I have had very little interaction
13 with her.

14 Q What interaction was that?

15 A I probably had her sign a couple
16 trust fund receipts over the years because we need
17 an administrator to sign stuff.

18 Q Did you ever speak with her about
19 the complaint?

20 A No.

21 Q Now, Interrogatory No. 4 asks:

22 Provide information with respect to all
23 persons who defendants and each of them
24 have communicated with concerning the

1 complaint or any of the events relating
2 to the complaint, both during the time
3 period covered by the facts of the
4 complaint and at any other time up to
5 the date of your answer.

6 Your answer was -- I think it was in
7 August of 2020.

8 So you answered here:

9 You haven't communicated with anyone
10 regarding the complaint or any events related
11 thereto.

12 Is that true up to this date?

13 **A Yes, that's when we were advised by**
14 **the attorneys.**

15 Q Right, I am not asking you to tell
16 me what your attorneys told you.

17 **A Right, no, no discussion.**

18 Q So you have talked to not a single
19 person from -- From the time period covered in the
20 complaint, which is 2014 to today, you have had
21 not a single conversation about the facts alleged
22 in the complaint?

23 **A Nope.**

24 Q With anyone?

1 **A Nope.**

2 Q I don't want you to tell me what
3 was said, because you already alluded to this, but
4 we know you talked to your wife?

5 **A Right. Actually she came home and**
6 **told me about it.**

7 Q Well, that's a conversation.
8 That's the point.

9 **A Yeah.**

10 Q So that's the only conversation you
11 have had?

12 **A I can't talk to anybody about it.**
13 **It's like a big shadow.**

14 Q I am not asking if you can or can't
15 --

16 **A No, I have not.**

17 Q Whether you did.

18 **A I have not. I have not.**

19 Q So in Interrogatory No. 11:

20 Set forth your past relationship or
21 interaction with the plaintiff or other
22 dealings or encounters that have had to
23 do with the plaintiff.

24 And here you -- He was your patient in

1 April of 2017 is one of your answers.

2 And so it says, Late 2016 and early
3 2017.

4 Were you interacting with Ben during
5 late 2016 and early 2017 when he wasn't your
6 patient?

7 **A Yes.**

8 **He was in some of the MISA groups that**
9 **we brought him to about drug and alcohol use.**

10 Q He was actually in MISA in 2016
11 before he was transferred to K?

12 **A No, when he came to K.**

13 Q Only when he came to K?

14 **A Right.**

15 Q So other than MISA groups and the
16 time he was your patient, did you have any other
17 interaction with Ben?

18 **A Nothing really direct.**

19 **I might have had a conversation with him**
20 **about what movies or what order out was going on**
21 **or something like that.**

22 **Community morning meeting with the**
23 **patients we talk about sports. We could have**
24 **commented during that but nothing of significance.**

1 Q Well, didn't you have some
2 interactions that you reported about him not being
3 on K Unit when he wasn't your patient or observing
4 him or saying something to him?

5 Was it only when he was your patient
6 that you reported having interaction with Ben?

7 **A He made it clear when he got to the**
8 **MISA program he didn't want to be there.**

9 Q Right.

10 Was that when he was your patient or
11 before he was your patient?

12 **A I believe that was before.**

13 Q And was that directly with you?

14 **A I believe it was in a group, if I**
15 **remember correctly.**

16 Q Do you remember how soon after he
17 was in the MISA program that he reported that?

18 **A I think it was pretty quickly**
19 **because he didn't want to do much of the MISA**
20 **work.**

21 Q I am wondering here, Interrogatory
22 No. 12:

23 Describe the detail of events that
24 specifically led to your first knowledge

1 or suspicion that the plaintiff was
2 engaged in a sexual relationship with
3 Christy Lenhardt, including how you came
4 by this knowledge or suspicion and all
5 persons with whom you shared any
6 information or speculation about a
7 sexual relationship between the
8 plaintiff and Christy Lenhardt.

9 Identify and specify the location of
10 documents, records or other written
11 information relevant to the events that
12 led to your first knowledge or suspicion
13 and describe all information and
14 identify all documents you prepared to
15 help report and document this incident.

16 My first question is:

17 Do you have any other documents other
18 than the one email you mentioned that you haven't
19 given us yet or identified for us?

20 **A No.**

21 Q You have no other documents?

22 **A No, everything is in the chart.**

23 Q Okay. Your answer:

24 Defendant responds that while he was out

1 on medical leave beginning May of 2017,
2 he heard from EMHC staff of an
3 allegation of boundary problems with
4 Christy Lenhardt and one of her
5 patients.

6 So while you were on leave you heard
7 from someone in May about Christy's boundary
8 problems.

9 Who was that person?

10 **A It would be my wife.**

11 Q But I am wondering why you put down
12 May.

13 You weren't on medical leave in May;
14 were you?

15 **A That was probably -- That would**
16 **be -- None of that came out until later on so...**

17 Q I am sorry, it was why?

18 **A I think beginning in May is when I**
19 **left the facility. It was the 1st of June.**

20 Q I don't understand.

21 You didn't go on medical leave until
22 June 1.

23 **A June 1 but beginning in May of 2017**
24 **would have been when -- I don't know. That date**

1 **doesn't seem right.**

2 Q Well, is it pertaining to -- It
3 says, Beginning in May.

4 Clearly you weren't on medical leave in
5 May?

6 **A Right.**

7 Q So beginning in May, you heard from
8 EMHC staff the allegation of boundary problems
9 with Christy?

10 **A It would have been June. That's**
11 **wrong.**

12 Q Well, but I am just wondering if
13 there is another staff person in May who told you
14 Christy has boundary problems?

15 **A No, there wasn't.**

16 Q So you heard nothing about
17 Christy's boundary problems until after June 2?

18 **A After the -- I believe when the**
19 **allegations came through and she was taken off the**
20 **unit.**

21 Q She was taken off the unit on June
22 30.

23 **A So it was after that time.**

24 Q It was after that time?

1 **A Yes.**

2 Q Between the time she was locked in
3 the office -- and June 1, I guess, is when you
4 have would have had your conversation with
5 Christy -- and June 30, you had no other
6 communications or anything about Christy Lenhardt?

7 **A Yes; correct.**

8 Q Or Ben Hurt?

9 **A Correct.**

10 Q Because I just want to be clear
11 about this. You then said:

12 Defendant later heard that Lenhardt was
13 escorted off the EMHC unit where she
14 worked and that an investigation was
15 being conducted.

16 So it seems like the boundary issues
17 does occur, the boundary problem information does
18 occur in May, and then you later heard about the
19 investigation starting June 30.

20 Is that true?

21 **A That's not true.**

22 **I heard about the boundary issues. I**
23 **didn't think that there was anything significant**
24 **or serious about it.**

1 And later I heard she was walked off the
2 unit and there was allegations of a sexual
3 relationship.

4 Q Right.

5 So earlier you heard about boundary
6 problems with Christy; right?

7 A Yes, whenever it was addressed with
8 staff, yeah.

9 Q So when was that?

10 A I don't know because I was at home.
11 I don't know specifically but it was after it
12 happened, after it was --

13 Q After what happened?

14 A After whatever procedure where she
15 was taken off the unit.

16 Q So you are saying that the first
17 sentence which says:

18 Defendant responds while he was out on
19 medical leave beginning in May he heard
20 from the EMHC staff of an allegation of
21 boundary problems with Christy Lenhardt
22 and one of her patients.

23 That that's actually not true and it was
24 after June 30?

1 **A** It was after the medical leave. I
2 was done in May. I think I was thinking that's
3 what it was.

4 But it wasn't until the allegations
5 until whatever situation happened here in the
6 facility that I heard about it.

7 Q Right.

8 So that's after June 30?

9 **A** Correct.

10 Q So you heard nothing in May and
11 nothing in June from anybody about the Christy
12 Lenhardt's boundary issues?

13 **A** No.

14 Q So again, here in Interrogatory No.
15 14, we are asking you about the incident where
16 Christy and Ben were locked in the office. That
17 happened on May 31.

18 Describe all the information and
19 identify all documents prepared to help
20 report and document the incident.

21 Did you prepare any information to
22 document the incident?

23 **A** No, I did not.

24 Q Did you do anything to report about

1 the incident?

2 **A That was already taken care of by**
3 **the Chief of Security, MOD was involved, Bob**
4 **Hamlin was involved.**

5 Q Right.

6 Then you say you were informed during
7 the morning meeting 8:30 a.m. the next day that
8 they had been stuck in Hamlin's office.

9 You were told that Lenhardt stated that
10 plaintiff was in the office attempting to fix the
11 door lock when the door failed to open.

12 And I just want to be clear, who told
13 you that?

14 **A It was brought up in the morning**
15 **meeting, so whoever reported it.**

16 It could have been a nurse reporting it
17 because they report the last 24-hour shift
18 changes.

19 Q Okay. And when you say the EMHC
20 staff reported the incident occurred on second
21 shift after 4:00 p.m., are you talking about the
22 staff in the morning meeting?

23 **A Yeah, the nurse comes in the**
24 **morning and gives report.**

1 Q You don't recall who that person
2 was; right?

3 A **No idea.**

4 Q Just so I am clear here, we asked
5 you about documents you prepared to report and
6 document the incident but you did have a
7 conversation the next day with Christy.

8 Did you ever write anything down about
9 your conversation with Christy on June 1?

10 A **No.**

11 Q The last part of the Interrogatory
12 No. 11, when we were talking about your
13 relationship with Ben, and you say you were his
14 social worker in April, 2017 for about a month;
15 right?

16 A **Correct.**

17 Q The case was transferred from Bob
18 Hamlin. And it says:

19 Until he began medical leave in May of
20 2017.

21 Again, it's the second time you
22 mentioned that you started your medical leave in
23 May of 2017; correct?

24 A **Yeah.**

1 **My recollection is that I think my**
2 **procedure was supposed to be at the end of May and**
3 **they moved it to the first week of June. So**
4 **that's -- But I ended in -- May was the last month**
5 **I was there.**

6 **But I guess since I was there on June 1**
7 **it really wasn't the last month I was there.**

8 Q All right. So you didn't begin
9 medical leave in May; right?

10 A **Looks like it was June.**

11 Q A couple more questions and then we
12 are going to wrap up.

13 Just really quickly, do you socialize
14 with Dr. Javed outside of work social functions?

15 A **No.**

16 Q Do you socialize with Dr. Kareemi
17 outside of work social functions?

18 A **No.**

19 Q And do you socialize with Colleen
20 Delaney outside of work and social functions at
21 work?

22 A **No.**

23 Q And how about Diana Hogan, same
24 question?

1 **A No.**

2 MR. CECALA: Hold on one second.

3 MR. KRETCHMAR: Quick
4 clarification, Drew. This is Randy speaking.

5 EXAMINATION

6 BY MR. KRETCHMAR:

7 Q When Joe was asking you about the
8 reason you listed different people as individuals
9 who might have some information, he asked you
10 about Bob Hamlin, and you said that Bob was
11 involved in the transfer.

12 I don't know that I got all of your
13 answer on that and I heard it correctly.

14 Which transfer were you speaking of?

15 **A Bob would have been part of the**
16 **transfer from L to K Unit.**

17 Q Which was in December of 2016;
18 right?

19 **A Yes.**

20 Q Who else was involved in that
21 transfer?

22 I take it you were not?

23 **A I was not.**

24 **It would have been probably both**

1 **Dr. Javed and Dr. Kareemi, I am guessing.**

2 **But I wasn't there. That's usually what**
3 **happens. And administration would also have to**
4 **approve it.**

5 Q And when you say administration, is
6 that a surname?

7 Who is administration?

8 A **At that point then I am guessing**
9 **Jeff Pharis but I am not sure.**

10 Q So it would have been one
11 individual; right?

12 A **Yes.**

13 Q Is there --

14 A **Are you talking about the**
15 **administration would have been one individual?**

16 Q Yes.

17 You said the administration would have
18 been involved, in addition to Kareemi and Javed.

19 And out of curiosity, is there a reason
20 you would say Administration instead of the
21 person's name?

22 A **It's possible Jeff could have been**
23 **on vacation and someone else could have filled in**
24 **for him. You know, Dr. Langley might have been**

1 **responsible for it.**

2 MR. CECALA: Just a couple more and
3 we are going to be done.

4 EXAMINATION

5 BY MR. CECALA:

6 Q I asked you earlier what your
7 awareness of the evidence that was recovered on
8 June 30 when Christy left the building and Ben was
9 put on restriction of rights.

10 Are you aware of the evidence that was
11 discovered that day?

12 **A No, I am not.**

13 Q You have no knowledge of the fact
14 that an audio recording of Ben Hurt and Christy
15 Lenhardt engaged -- where Christy is performing
16 oral sex on Ben Hurt was recovered?

17 **A No, first time hearing that.**

18 Q And do you have any information or
19 are you aware that -- Well, Ben Hurt at least
20 alleges for almost two years Christy Lenhardt
21 performed oral sex on him in her social worker
22 office three to four times a week for nearly two
23 years?

24 **A No.**

1 Q You never heard that anywhere?

2 A Nope, never heard that.

3 Q Are you aware there was another
4 audio recording recovered from Ben's room where
5 Christy Lenhardt admitted to helping [REDACTED]
6 [REDACTED] who I believe was UST for pedophilia,
7 where she actually detailed how she helped him
8 escape from the facility?

9 Do you know that that was on an audio
10 recording?

11 A No, I do not.

12 Q Did you know she also recounted how
13 she went to visit him in Europe and they --
14 actually to another witness -- that she actually
15 traveled to Europe to visit him while he was an
16 escaped fugitive?

17 A No.

18 Jesus is that the -- No, nevermind.

19 Q It's on an audio recording.

20 A So it's not just alleged, it
21 actually -- wow.

22 Q Christy has admitted to this. It's
23 documented in Ben's journal.

24 Are you aware that Ben was keeping a

1 journal --

2 **A No.**

3 Q -- with a narrative of all of these
4 details?

5 **A No.**

6 Q Are you aware that Christy also
7 admitted in the audio recording to having a sexual
8 relationship with [REDACTED] [REDACTED] while he was a
9 patient at Elgin?

10 **A No.**

11 Q And as well on the audio recording
12 she admitted to having a sexual relationship with
13 [REDACTED] [REDACTED] while he was a patient at
14 Elgin?

15 **A No.**

16 Q You are aware that there is another
17 case that we filed alleging sexual misconduct, at
18 least an attempt to seduce Mark Owens by Christy
19 Lenhardt.

20 Are you aware of that complaint?

21 **A I heard about that complaint, yes.**

22 Q Do you know who Mark Owens is?

23 **A Yes.**

24 Q Do you have any information about

1 Mark Owens and Christy Lenhardt having a
2 relationship in any way?

3 **A No, no idea of that.**

4 Q Do you have any information as well
5 about -- Well, I will withdraw that.

6 Do you know the subsequent -- After Ben
7 Hurt Thiemed out on July 22, do you have any
8 information about what occurred with Ben Hurt for
9 the years subsequent to his release from Elgin?

10 **A No.**

11 Q You know nothing about that?

12 **A No.**

13 Q You have never heard that there had
14 been a rumor that he attempted suicide within the
15 first seven months of his release?

16 **A No, I did not.**

17 Q Actually he attempted suicide three
18 times in the first seven months.

19 Did you know that?

20 **A No, I did not.**

21 Q Are you aware that Christy Lenhardt
22 attempted suicide in August of 2016?

23 **A No.**

24 Q So you testified -- and I think

1 this is consistent with all the witnesses -- that
2 there is a vigilance about making sure these
3 things don't happen at Elgin.

4 Would you say that's correct?

5 **A Yes, it's just -- Yeah.**

6 Q And patients are on 30-minute
7 headcounts, sometimes they are on 15-minute
8 observations, which in a secure facility like this
9 would be a clear, very secure and vigilant
10 environment to oversee the patients and what they
11 are doing; right?

12 **A Yes.**

13 Q And you testified many times -- not
14 to put words in your mouth -- but do not pass go,
15 just report it; right?

16 **A Correct, yes.**

17 Q And there's a security team, STAs
18 and behavioral health experts, all day, everyday,
19 combing these units to make sure the patients are
20 safe; right?

21 **A Yes.**

22 Q With all of that in mind, how do
23 you think all of this happened?

24 MS. KOZAR: Objection, calls for

1 speculation.

2 MR. CECALA: I think he is entitled
3 to speculate.

4 MS. KOZAR: He is not. But he can
5 go ahead.

6 MR. CECALA: Okay. I will clarify
7 the question.

8 BY MR. CECALA:

9 Q All of the -- what I just described
10 as -- intent scrutiny within a state psychiatric
11 facility, do you believe it would be difficult or
12 impossible for a person to have sex three or four
13 times a week for two years with one of their
14 patients without it somehow being noticed by some
15 person, any person?

16 A It's extremely hard to believe for
17 that long a time for something like that.

18 People get creative. I know patients
19 that find dead spots in the camera, where they do
20 stuff at. So I am sure it's possible but it
21 really shouldn't happen in this type of
22 environment.

23 Q So now that I have laid that
24 foundation, how do you think it happened?

1 MS. KOZAR: Same objection.

2 MR. CECALA: It's got a foundation.

3 MS. KOZAR: I am just noting my
4 objection.

5 THE WITNESS: If it happened, it
6 was two people that coordinated it very well, you
7 know.

8 I mean, it's not a foolproof system
9 here. We are not a prison. So we are hospital
10 which I think makes you vulnerable for these types
11 of things.

12 BY MR. CECALA:

13 Q So it would be your viewpoint that
14 no one was turning a blind eye to incidents that
15 could have led to this suspicion or problems with
16 Christy and Ben?

17 A I don't know how it could have
18 happened without it but it's possible. A lot of
19 stuff goes on in a facility like this that we
20 don't know about so ...

21 EXAMINATION

22 BY MR. KRETCHMAR:

23 Q When you say you don't know how it
24 could have happened without it, you mean without

1 somebody turning a blind eye; right?

2 **A Without some level of suspicion.**

3 **Like I said, I could be just as**
4 **vulnerable. I am seeing a 50-some year old mom**
5 **and I don't think I would have fathomed that she**
6 **would have been with someone her kids' age. It**
7 **just doesn't make sense to me.**

8 **EXAMINATION**

9 BY MR. CECALA:

10 Q That is as it pertains to Ben;
11 right?

12 **A Right.**

13 Q Apparently it happened over a ten
14 year period with at least two other people that
15 she confessed to; right?

16 **A That's disgusting.**

17 MR. CECALA: We agree.

18 We don't have anything further.

19 MS. KOZAR: I have no questions.

20 MR. CECALA: We are ordering.

21 MS. JOHNSTON: I have no questions,
22 I am ordering.

23 MS. KOZAR: Drew, do you want to
24 waive or reserve signature before you go?

1 THE WITNESS: What do you
2 recommend?

3 MS. KOZAR: It doesn't matter.

4 If you reserve it, it just means that
5 you want the opportunity to review the transcript
6 and make sure there are no like typographical or
7 spelling errors.

8 And if you waive then --

9 THE WITNESS: Because I am
10 exhausted, I am going to waive it.

11 MS. KOZAR: Okay. That's fine.

12 AND FURTHER DEPONENT SAITH NOT
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1 I, LYN DOERING, a Certified Shorthand Reporter
2 within and for the State of Illinois, do hereby certify:

3 That previous to the commencement of the examination
4 of the witness, the witness was duly sworn to testify the
5 whole truth concerning the matters herein;

6 That the foregoing deposition was reported
7 stenographically by me, was thereafter reduced to a
8 printed transcript by me, and constitutes a true record
9 of the testimony given and the proceedings had;

10 That the said deposition was taken before me at the
11 time and place specified;

12 That the reading and signing by the witness of the
13 deposition transcript was agreed upon as stated herein;

14 That I am not a relative or employee or attorney or
15 counsel, nor a relative or employee of such attorney or
16 counsel for any of the parties hereto, nor interested
17 directly or indirectly in the outcome of this action.

18 IN WITNESS WHEREOF, I do hereunto set my verified
19 digital signature at Chicago, Illinois, this 10th day of
20 July, 2022.

21
22 
23 _____
24 Certified Shorthand Reporter
State of Illinois



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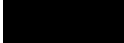
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